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1991 Annual Report

Texas Department of Human Services



Faces of the Future

To the Governor

The Honorable Ann Richards
Governor of Texas
Austin, Texas

Dear Governor Richards:

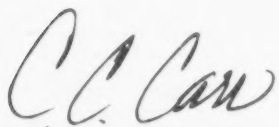
The 1991 Annual Report of the Texas Department of Human Services is an accounting of expenditures and a review of services provided during the fiscal year ending August 31, 1991. The report describes major developments of the 1991 fiscal year, with charts, graphs, and tables reflecting costs, services, and people served.

As required by Sections 21.011 and 50.007 and Subsection (a) Sections 34.008 and 42.023, as amended, of the Human Resources Code, the report covers operation and administration of the department and includes the Commissioner of Human Services' recommendations for changes, as well as a review of the department's work in certifying social workers and licensing child-care facilities during the 1991 fiscal year.

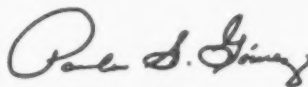
We are pleased to submit this summary of the department's 52nd year of service and assistance to the people of Texas.

Respectfully submitted,

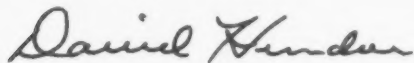
Texas Board of Human Services



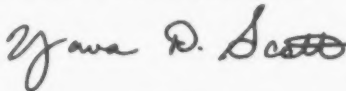
Cassandra Carr, Chairman



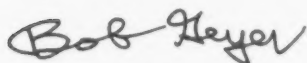
Paula S. Gomez, Member



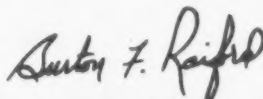
David Herndon, Vice Chairman



Yava D. Scott, Member



Bob Geyer, Member

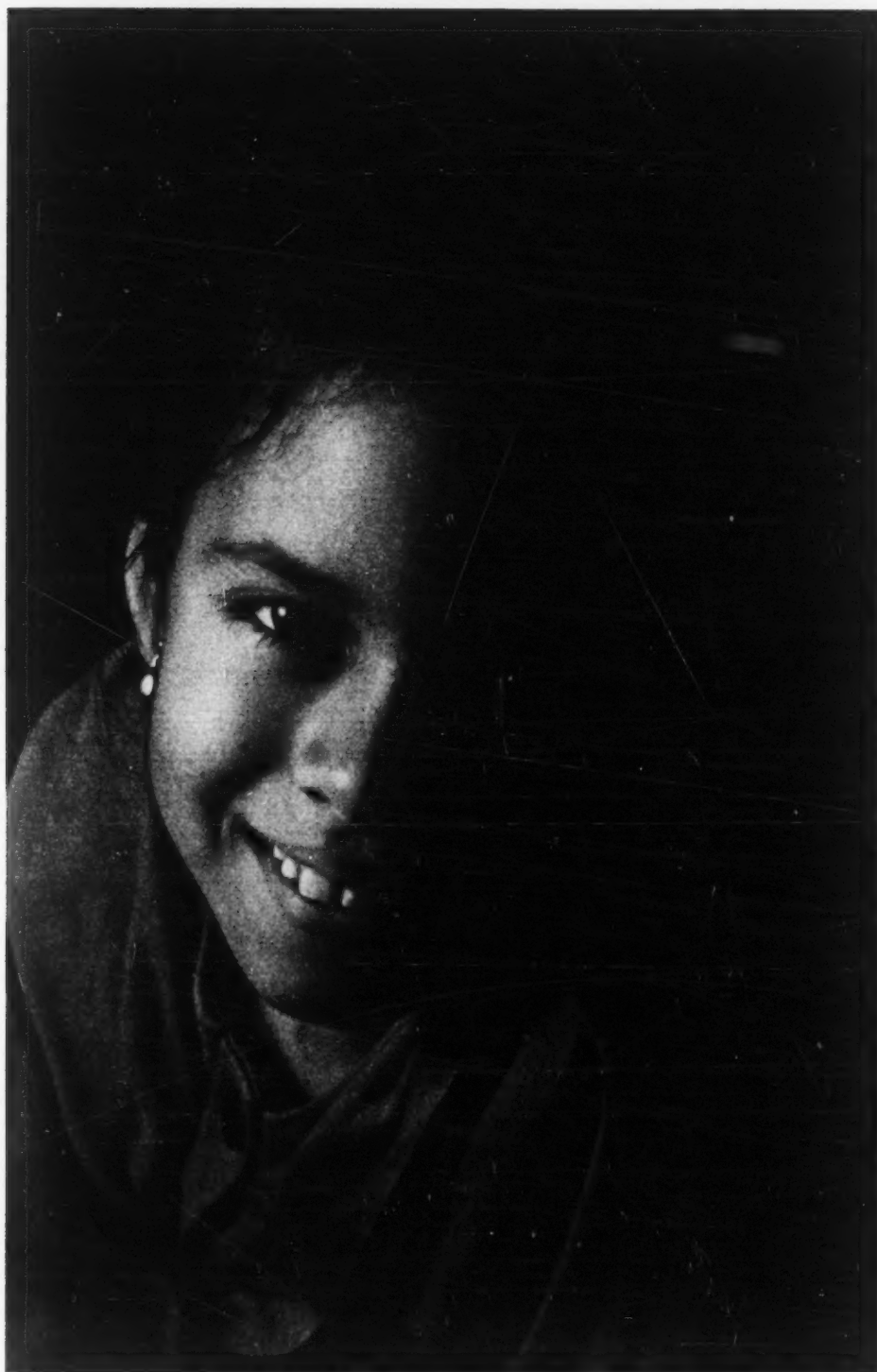


Burton F. Raiford, Interim
Commissioner

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Chairman's Message



Chairman's Message

*f*iscal year 1991 was a time of change for the Texas Department of Human Services (DHS). There was a changing of the guard at the board and executive levels, and the new leaders focused on efficiency, accountability, and accessibility. There were major changes in program eligibility requirements. Federal mandates expanding Medicaid eligibility, linked with a continuing economic recession, increased our caseloads dramatically and strained already scarce resources.

But in response to these changes and in spite of difficult conditions, DHS staff kept the focus on clients. In their continuing efforts to better serve more people, for example, they developed a network of child-care management agencies to ensure that families eligible for subsidized care have a variety of child-care options. Their innovative efforts received national kudos for the automated system that makes the child-care management system work. They also streamlined and merged eligibility processes for various programs to encourage "one-stop shopping," giving clients easier access to an array of services that can help put them on a path to self-sufficiency.

In these times of change, our chief responsibility—for both board members and staff—is to be attentive to clients' needs. The role of the Texas Board of Human Services is to set policy and remove roadblocks so DHS employees can do their jobs. Together, we must work efficiently and effectively, so that in the New Texas, every tax dollar yields more than its face value in benefits for citizens in need.

To bring about needed changes, the board now convenes monthly instead of bi-monthly. Each board member has been assigned to particular programs and is developing expertise in those areas. Board members are participating in public hearings, attending advisory committee meetings, and striving to improve communications with staff to encourage innovative ideas.

In setting policy for DHS, the board focused on several objectives this year:

- helping clients achieve independence. WINGS, the Texas program for welfare reform, gives people the tools they need—including education, training, and transitional support services—to break free from welfare and achieve steady employment;
- placing greater emphasis on community-based services. Instead of maintaining people in nursing homes, we have pledged to provide the support services they need to live independently in their own homes;

- enhancing cooperation with other agencies. By working together, we can address issues of mutual concern, eliminate duplications and reduce gaps in services, and integrate application procedures for clients;
- establishing an ethics advisory committee. This group gives us the benefit of outside counsel as we instill throughout the agency a strong sense of the ethical obligations incumbent upon the public trust; and
- laying the groundwork for managed care of purchased health services in fiscal year 1992. Recommended by the Lewin report on Medicaid financing options, managed care has benefits for both DHS and its clients. It can control utilization, contain unit costs, increase provider participation, enhance benefits, broaden access to care, and improve the quality of care.

DHS staff also worked to bring about needed change by interacting with many people outside the agency to keep the agency's programs focused and its role in perspective. They collaborated with staff from other state agencies to coordinate programs and resolve issues of mutual concern. They improved communications with the Office of State and Federal Relations in Washington, D.C., to better inform national decision makers about the impacts their actions have on Texas. Staff also worked closely with the advisory committees, making optimal use of committee members' expertise to improve the agency's programs.

Just because we are embarking on a new fiscal year doesn't mean that we will be moving in vastly different directions. We intend to stay focused on improving client services. One way to do that, considering our ever increasing caseloads, is to improve the agency's automation capabilities. As we prepare for an orderly move of Child Protective Services to a new state agency, our main task in fiscal year 1992 will be to continue to give excellent service to our clients in the midst of transition to a new organizational structure.

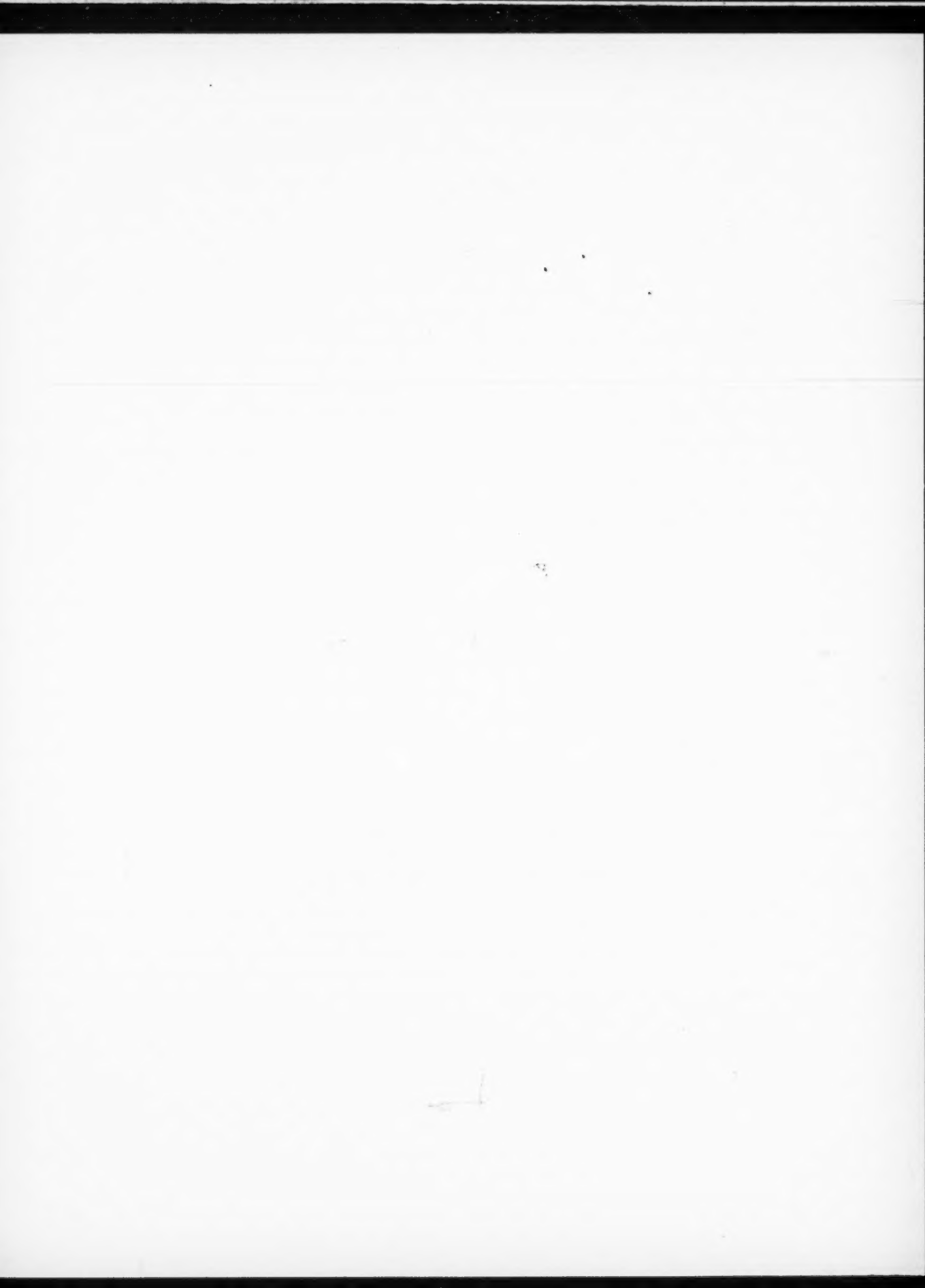
Things will feel unsettled for a while, but the need for our services will not go away, and neither will the people we serve. That's why you'll find among the pages of this report the personal stories of a handful of clients. These vignettes, based on actual case histories, show how our programs play a part in real people's lives. I think you'll be touched by their poignancy. Each client's story is unique; yet together they mirror the myriad cases that come through our doors. They are real Texans facing real challenges, and with a little help, many of them are beating the odds. Take a look at them and where they are going. They are the faces of the future.



Cassandra Carr
Chairman, Texas Board of Human Services



Highlights



Highlights

*f*iscal year 1991 marked the beginning of welfare reform, a package of programs that radically alters human services in Texas. For years, critics charged that the welfare system didn't work—that it didn't lift people out of poverty, but barely maintained them there. Welfare reform reflects a fundamental shift in philosophy. Instead of helping needy people just get by, we are providing the tools they need—education, training, and transitional support services—to get jobs that pay enough for them to get off welfare and stay off.

In Texas, the effort is called WINGS, which stands for "Winning Independence, Gaining Success." WINGS gives clients ways to map out a future, and it emphasizes their responsibility to take charge of their lives and become self-sufficient. WINGS encompasses three components that were mandated by the Family Support Act of 1988—the Job Opportunities and Basic Skills Training (JOBS) program, the Aid to Families with Dependent Children-Unemployed Parent (AFDC-UP) program, and transitional Medicaid and child-care benefits.

The JOBS program offers clients who receive Aid to Families with Dependent Children (AFDC) an array of services that help them earn a high school education or its equivalent, get the training they need in certain skills, and search for and find the kinds of jobs they want. The strategy is to prepare people for long-term employment—which is a real departure from the old way of doing business. The focus used to be on putting clients to work as quickly as possible at any jobs they could find, but that often sent them through a revolving door back to dependency. If they didn't make enough money to subsist, or if they accepted dead-end jobs, they would wind up back on welfare again.

In the JOBS program, case managers help clients determine and express their long-term employment goals, and then direct them to education and training. DHS worked with the Texas Education Agency, Texas Employment Commission, Texas Department of Commerce, Texas Rehabilitation Commission, Job Training Coordinating Council, and 34 private industry councils to coordinate the training and job-related aspects of welfare reform. While they're in training, JOBS clients get child care, Medicaid, and transportation allowances through DHS.

The AFDC-UP program gives cash grants for the first time in Texas to families with two able-bodied parents in the home. It used to be that only single-parent households were eligible for AFDC, and critics charged that the system encouraged fathers to desert their families. AFDC-UP recognizes that even two-parent households may have times of need. With AFDC-UP, two-parent families get the same benefits provided by the basic AFDC program, except that cash payments are

limited to six out of every 12 months.

Transitional benefits are the third component of WINGS. JOBS participants are eligible for Medicaid and child-care benefits for 12 months after starting to work. In the past, a welfare mother might take a low-paying job with no benefits, and the moment a crisis struck or one of her children got sick, she'd fall back on welfare. Transitional benefits give clients a bridge to independence. They provide a safety net during that critical first year of employment, which gives clients a chance to get back on their feet and on their way.

Managing the child-care needs of all the clients participating in the JOBS program or eligible for transitional benefits was no small challenge to DHS. By authorizing child-care benefits for these clients, the Family Support Act of 1988 ensured a sharp rise—which started this year—in the number of clients entitled to child-care benefits. The federal government funded this program through the Family Support Act, and additional child-care funds were made available for working families through the Omnibus Budget Reconciliation Act of 1990. The task remained for DHS to design an efficient child-care system for 64,653 Texas children this year and more than 133,280 by 1993.

Staff responded by developing Child Care Management Services (CCMS) and the nationally recognized automated system that makes the network tick. Instead of contracting with 1,400 child-care facilities as it had in the past, the agency contracts with a network of 25 management agencies across the state, who in turn recruit local providers. The CCMS system makes it easy for any of the 21,656 licensed day-care facilities and registered family homes in Texas to become providers of federally subsidized child care, and that in turn gives parents more choices about where to place their children. It's a good way for DHS to accommodate the growing number of families whose children need to be in care while the parents are in training or are beginning to work.

Integrated eligibility, or "one-stop shopping," is built into welfare reform. The idea is for a client to walk into a local office, fill out one application form, and be screened for a whole array of services that can help put the client on a path to self-sufficiency. Case management is another important feature. Case managers counsel with clients and help them develop service plans to make sure that the steps they take will carry them closer to their goals.

WINGS is about giving Texans a future. It is not a quick fix. It is an investment in the citizens of the state and the work force they create. As with many worthwhile investments, the rewards won't come quickly or cheap. Of the 40,334 clients who participated in JOBS during fiscal year 1991, only 7,467 were employed by the end of the year. That's down from previous years because our focus has changed from quick job placement to lasting employment.

Meanwhile, AFDC caseloads have spiraled. In Texas, the numbers rose an unprecedented 14.1 percent over last year, averaging 688,254 clients per month. Integrated eligibility and AFDC-UP accounted for some of that growth, but the swelling caseloads were largely a result of the continuing economic recession. This year the welfare rolls increased in 49 states as the national AFDC caseload grew to 12.8 million people. The number of people receiving food stamps nationally also hit a record high, topping 23 million in April 1991, an increase of 3 million over the previous year.

With more clients and different goals, we can't use the same milestones to measure performance. If our objective is to move clients off welfare for good, we have to step back, look at the big picture, and divide it into the incremental successes that clients achieve along the way. This is especially critical in evaluating the first full year of welfare reform, when caseloads were growing by leaps and bounds but the results were just beginning to brew.

There's more to welfare reform than putting people to work. It also involves something so fundamental to our well-being that our very ability to work rests upon it—and that is health. Building a healthy work force requires taking care of people's health, and the earlier the better. Prenatal and pediatric care are crucial investments in human potential. Healthy children perform better in school and are more likely to grow up to be productive citizens who don't rely on the welfare system or resort to crime to get by.

The population of children and pregnant women who are eligible for Medicaid has expanded tremendously over the last two years, as a series of federal mandates increased participation. Before fiscal year 1989, children whose families' incomes were any more than 22 percent of the federally established levels for poverty and pregnant women whose incomes exceeded 33 percent of poverty made too much money to qualify for Medicaid. In other words, only the poorest of the poor were eligible.

By the end of fiscal year 1990, the limits were up to 133 percent of poverty for children younger than 6 and pregnant women. That trend continued in fiscal year 1991, as the Omnibus Budget Reconciliation Act of 1990 began to extend coverage to children 18 and younger whose families' incomes are at or below 100 percent of poverty. This change is being phased in a year at a time, starting with children up to age 8 in fiscal year 1991, up to age 9 in fiscal year 1992, and so on. By the end of 1993, about 50,000 additional Texas children will be covered by Medicaid.

No longer is Medicaid limited to the most indigent segment of society. It is now available to the children of the working poor. Now, these children can see doctors and dentists for preventive care and treatment through the Early and Periodic Screening, Diagnosis, and Treatment program.

Congress had not yet enacted the federal mandates that expanded the Medicaid rolls when DHS made its legislative appropriations request for the 1990-91 biennium. The Medicaid mandates have cost the state a lot more than anyone could have anticipated in 1989. Other factors have contributed to the agency's budget crisis, too, including a lawsuit over nursing home reimbursement rates and a U.S. Department of Labor ruling on uncompensated overtime. The Legislature approved emergency appropriations twice so DHS could keep its doors open through the end of fiscal year 1991.

The 1992-93 appropriations bill will maintain service delivery at about the same levels as during the previous biennium, but the tab will cost Texas about \$1.5 billion more. That includes state matching funds to raise the Medicaid eligibility cap for infants and pregnant women once again, this time to 185 percent of poverty. It also includes salaries for more workers to handle the projected growth in caseloads over the next two years, although the caseload-to-worker ratios will stay high.

Despite the agency's budget woes, fiscal year 1991 was exhilarating at times as DHS joined in a movement of historical significance, giving people with disabilities access to their communities. Signed into law in the summer of 1990, the Americans with Disabilities Act (ADA) is a landmark in civil rights legislation. It prohibits discrimination against people with disabilities in many aspects of public life, including employment, mass transportation, public accommodations, telecommunications, and government services. Most of its provisions will take effect in January 1992. ADA will open all sorts of doors for people with disabilities—doors into restaurants and movie theatres, for example, and doors out of nursing homes.

Historically, most of the money that DHS has spent on people with disabilities has paid for them to live and be cared for in institutional settings. But on Jan. 16, 1991, the Texas Board of Human Services approved a position statement committing DHS to enhance community-based services as an alternative to institutionalization. Like welfare reform, this change reflects a fundamental shift in philosophy. Instead of maintaining people in nursing homes, we have pledged to provide the support services they need to live independently in their own homes. They will have the autonomy to manage their care, and in the process build greater self-confidence. No longer are people with disabilities passive recipients of public services. They are taking charge of their lives.

At DHS, the Office on Services to Persons with Disabilities is leading a work group to develop recommendations for policies, programs, and funding sources that will put the concept into action. Staff are working with advocates to identify gaps in services and develop Medicaid waiver programs as alternatives to nursing home care.

money was not the only resource in short supply during fiscal year 1991. Staff in Child Protective Services (CPS) were busy looking for a few good parents—more than a few, really, as they launched a statewide campaign to interest people in becoming foster parents or adopting children in the agency's conservatorship.

Children wind up in DHS conservatorship when staying at home endangers their lives. Public awareness of child abuse and neglect is on the rise, which results in more cases coming to light. Whenever possible, CPS staff provide in-home services to keep families intact while working through the problems that led to abuse. But sometimes, for safety's sake, children need temporary care in foster homes or the permanency and support of adoptive families.

The profile of the typical American family has changed in recent years. June doesn't stay home with the boys anymore while Ward's away at work. In response, policy makers have become more flexible about the kinds of people who can be foster or adoptive parents. Today, single people, renters, and retirees are welcome to become foster parents, provided they meet certain requirements and are willing to go through 10 weeks of training to prepare them to deal with the special needs of children who have been emotionally, physically, or sexually abused.

The CPS "Dare to Love" campaign was designed to recruit families for children with disabilities. As the campaign continues, staff have broadened the focus to recruit families for children with other special needs—those who are older than average, for example, or groups of siblings who need to be placed together. One thing that these kids have in common with children everywhere is the need to be loved and have a good home.

this year brought new faces to the Texas Board of Human Services and the DHS executive staff. Newly elected Gov. Ann Richards appointed four board members during fiscal year 1991:

- Bob Geyer, transit planning coordinator for Sun Metro in El Paso and former president of the Coalition of Texans with Disabilities;
- Yava D. Scott, an attorney and certified public accountant with the Houston firm of Batchan & Scott;
- Paula S. Gomez, executive director of the Brownsville Community Health Center and an expert in the indigent health care issues of the Rio Grande Valley; and
- Cassandra Carr, vice president for revenues and public affairs at Southwestern Bell Telephone Company in Austin, who was unanimously elected chairman of the board.

Together with Vice Chairman David Herndon, an Austin attorney, the Texas Board

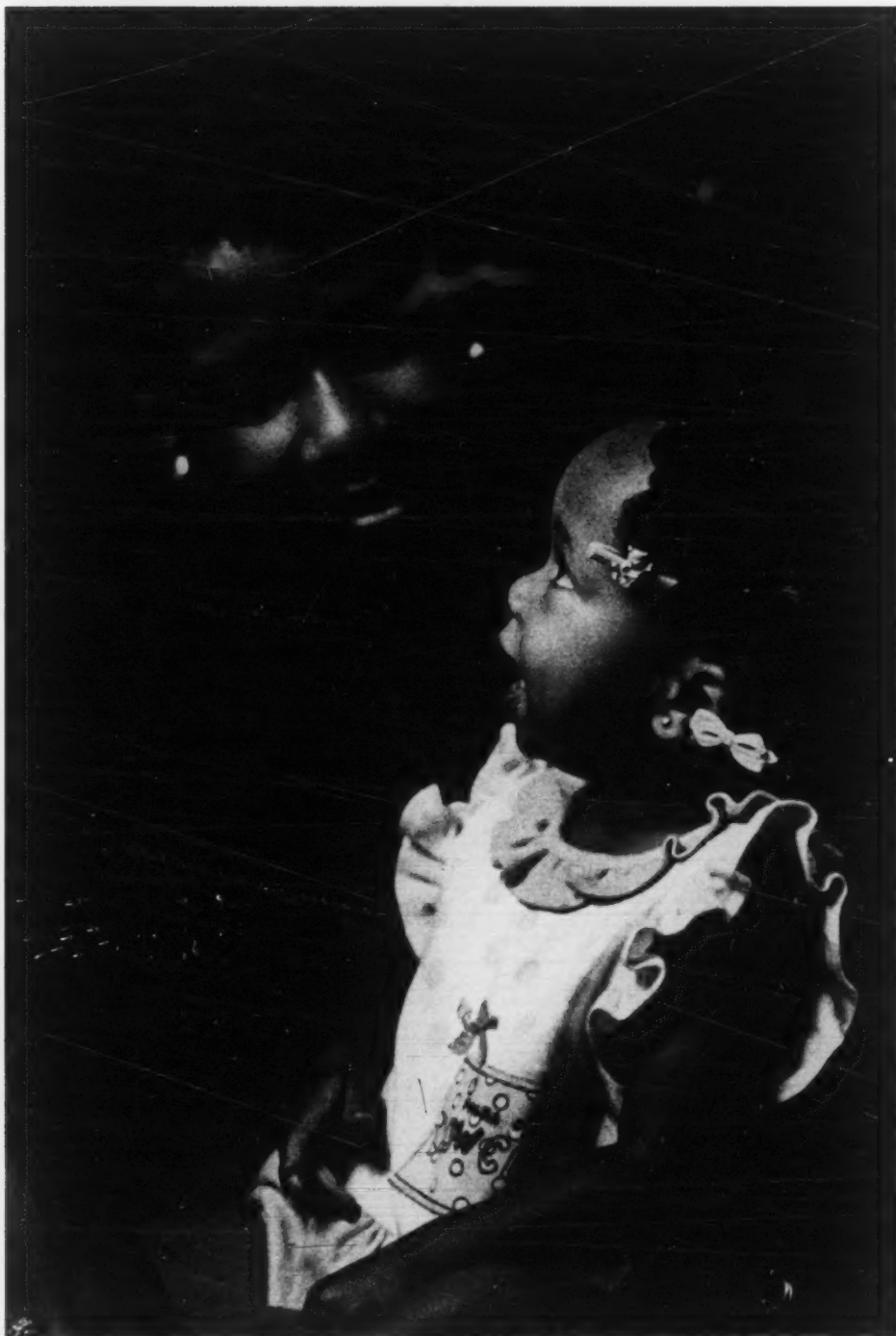
of Human Services characterizes the passwords of Gov. Richards' New Texas—inclusion and diversity.

Executive leadership of the agency changed in mid-May, when Commissioner Ron Lindsey resigned and Burton F. Raiford was named interim commissioner. Raiford, who has 22 years tenure with DHS, previously served as the agency's chief financial officer.

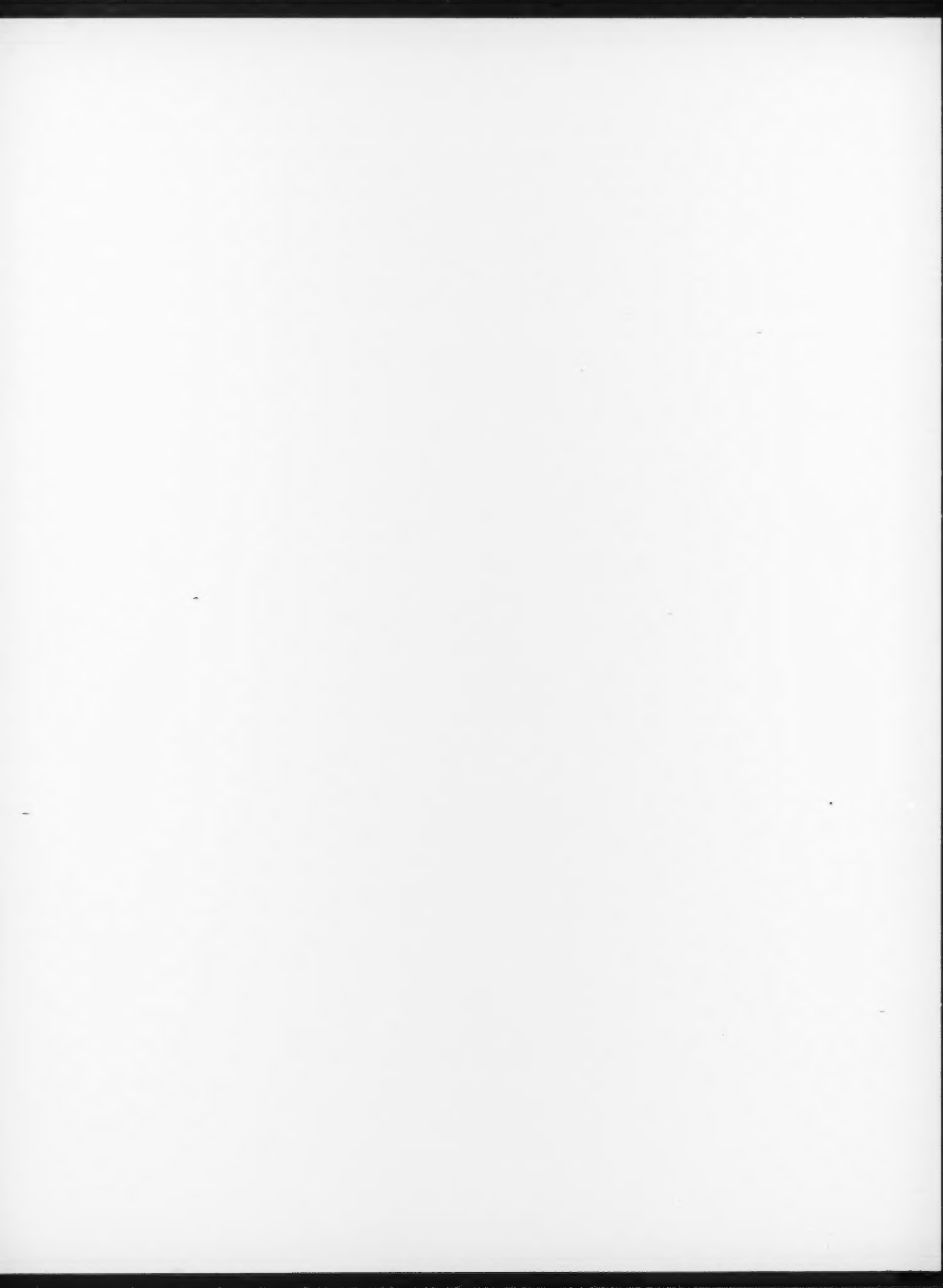
This agency and its staff embraced a great deal of change over the last biennium, but there is more yet to come. The state auditors who prepared the *Texas Performance Review* took a visionary approach to health and human services, recommending a merger of about a dozen state agencies into one superagency over the next five years. They didn't foresee any great savings to the state, but they said a superagency would be better able to eliminate gaps or duplications in services and coordinate programs for more effective service to the citizens.

The 72nd Legislature accepted the idea with House Bill 7, which creates a health and human services commission with a commissioner to oversee 11 current agencies, most of which will be revamped. During fiscal years 1992 and 1993, the commissioner will develop a strategic plan and consolidate the budget for the superagency. All of the agencies will be structured according to the same regional boundaries, which will make it easier for interagency teams to integrate eligibility procedures; share office space; and leverage federal, state, and local funds.

On Sept. 1, 1992, the Child Protective Services program will be transferred from DHS to a newly created Department of Protective and Regulatory Services. Child-care Licensing and Adult Protective Services will transfer to the same agency no later than Sept. 1, 1993. DHS' biggest program, Purchased Health Services, will go to a newly created Department of Public Health on Sept. 1, 1993. By the end of the 1994–95 biennium, the conversion will be complete.



Client Self-support Services



Client Self-support Services

*M*ost parents share common dreams for their futures and those of their children: steady, challenging jobs with adequate pay and benefits; good health and good education for their children; plenty of food on the table; warm, comfortable clothing; and safe, reliable housing. Fortunately, most parents in Texas are able to make these dreams come true. For some people, though, the loss of a job, the sudden or chronic illness of a family member, or the breakup of a marriage creates a crisis, and the family is unable to recover without help. Others become parents before acquiring the education, skills, or life experiences they need to be self-sufficient.

Client Self-support Services (CSS) programs provide financial, medical, nutritional, and other basic assistance to help these families keep going, while helping the parents get the education, job skills, and support services they need to secure productive, independent futures for themselves and their children.

Fiscal year 1991 brought significant changes in the kinds and amounts of services available to families and children through CSS. The numbers of Texas families in need of Aid to Families with Dependent Children (AFDC), food stamps, and Medicaid assistance continued to increase at record rates, while funding fell short of what was needed to keep staffing levels in line with the rising workload. Federal legislation added to the pressure by extending eligibility to new groups of clients and mandating effective dates that left little time for staff training and necessary changes in automation.

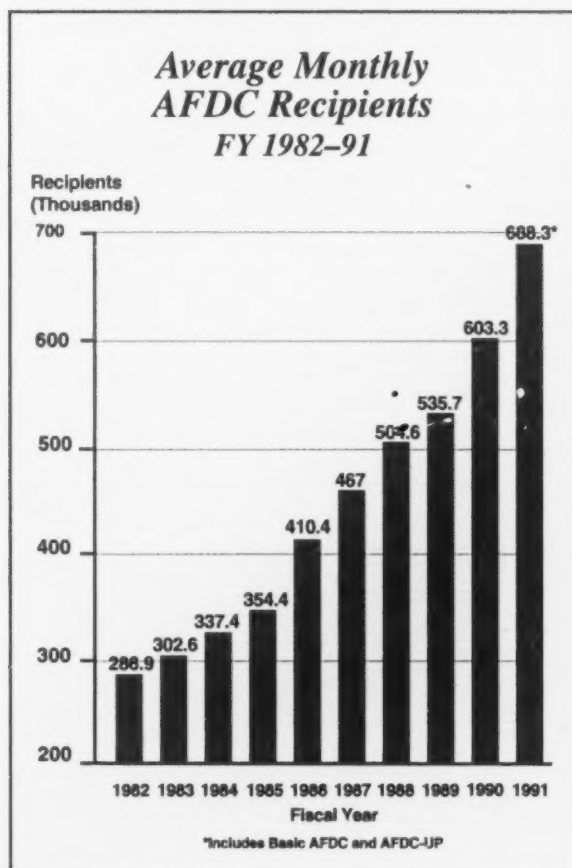
It became clear that tackling these challenges in the same ways as in the past would never allow staff to get ahead of the game. So they looked for—and found—new ways to reduce administrative costs, increase and make better use of revenues, and do their jobs more efficiently.

In the face of all this change, one constant remained: the staff's commitment to quality service for clients. This commitment was the basis for many accomplishments during fiscal year 1991, including:

- high rates of timeliness in serving clients, despite increasing workloads and more complex programs;
- implementation of the Job Opportunities and Basic Skills Training (JOBS) program and AFDC-Unemployed Parent (AFDC-UP) program, offering new opportunities for families to gain stability and move toward self-sufficiency;

- continuation and refinement of interagency planning for the JOBS program and beginning interagency planning for child-care and nutrition programs. These efforts will ensure better coordination of resources and increase the state's ability to draw federal matching funds;
- implementation of the new Child Care Management Services system, allowing Texas to make full use of new federal child-care funds;
- an automated eligibility system for the National School Lunch program developed in cooperation with the Texas Education Agency to increase the number of children served and the amount of federal funds received while reducing paperwork for schools and families;
- program changes that greatly increase opportunities for families to choose the kinds of services and providers that best meet their individual needs; and
- refinement of the CSS organizational structures at both the regional and the state office levels to better support a holistic, family-focused approach to service delivery.

These were just a few of the initiatives carried out in fiscal year 1991 to help make Texas a place where all families can achieve their dreams.



Aid to Families with Dependent Children

the Aid to Families with Dependent Children (AFDC) program changed directions with implementation of the federal Family Support Act of 1988. Key provisions in that legislation include:

- providing 12 months of Medicaid and child-care services to AFDC recipients who become ineligible because their earnings increase;
- replacing the Work Incentive (WIN) program and other AFDC work options with the Job Opportunities and Basic Skills Training (JOBS) program, offering clients a wide range of educational, training, and employment services; and
- mandating an AFDC-Unemployed Parent (AFDC-UP) pro-

gram to provide benefits to families in need because the principal wage earner is unemployed.

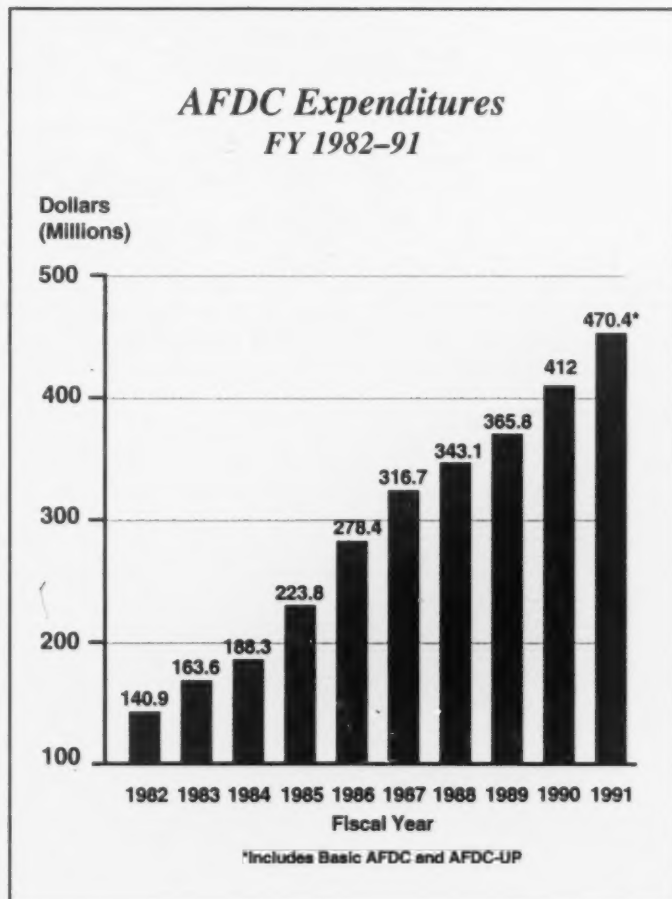
These provisions focused AFDC on helping poor families become self-sufficient, while easing the effects of poverty on their lives.

On Oct. 1, 1990, Texas implemented the JOBS program and AFDC-UP benefits. Cash benefits for AFDC-UP families are limited to six months in every 12-month period, but family members may continue to have Medicaid coverage throughout the year. At the end of fiscal year 1991, 6,492 Texas families were participating in the AFDC-UP program.

To qualify for AFDC, a family must include needy children and have less than \$1,000 in assets, excluding a home and one car with equity value of less than \$1,500. The typical AFDC family, a mother and two children, can have a net income of no more than \$184 per month after allowable deductions.

AFDC families receive financial and medical assistance. Grant amounts have not increased since fiscal year 1986. The average monthly grant amount is \$57.22 per recipient. At the current payment level, with the value of food stamps and Medicaid added, the average AFDC child lives in a home with income of 72 percent of the federal definition for poverty.

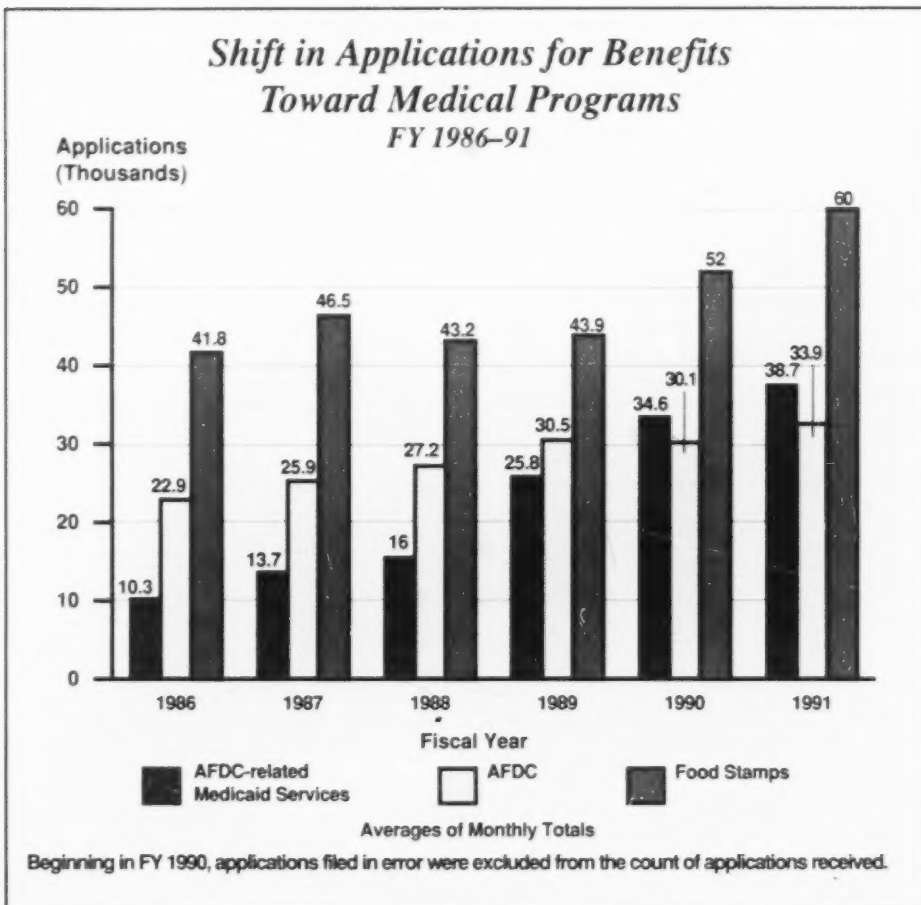
During fiscal year 1991, the average number of people receiving AFDC and AFDC-UP benefits each month increased to 688,254. The average for fiscal year 1990 was 603,280. Total AFDC payments rose from \$412 million in 1990 to \$470.4 million in 1991.



Medicaid Services for Low-income Families

Many low-income families who do not qualify for AFDC still need help getting adequate health care. DHS administers Medicaid programs for children and pregnant women who are ineligible for AFDC, caregivers and second parents of deprived children, and aliens who meet all requirements except citizenship. The numbers of women and children receiving Medicaid benefits increased substantially this year.

As a result of the Omnibus Budget Reconciliation Act (OBRA) of 1990, this fiscal year DHS began to provide one year of Medicaid coverage to children who were born on or after Jan. 1, 1991, to Medicaid-eligible mothers, so long as the children continued to live with their mothers in Texas. On Aug. 1, 1991, DHS eliminated the requirement for mothers to apply for this coverage for their children. Children born to Medicaid-eligible mothers now receive automatic medical coverage throughout their first year of life.



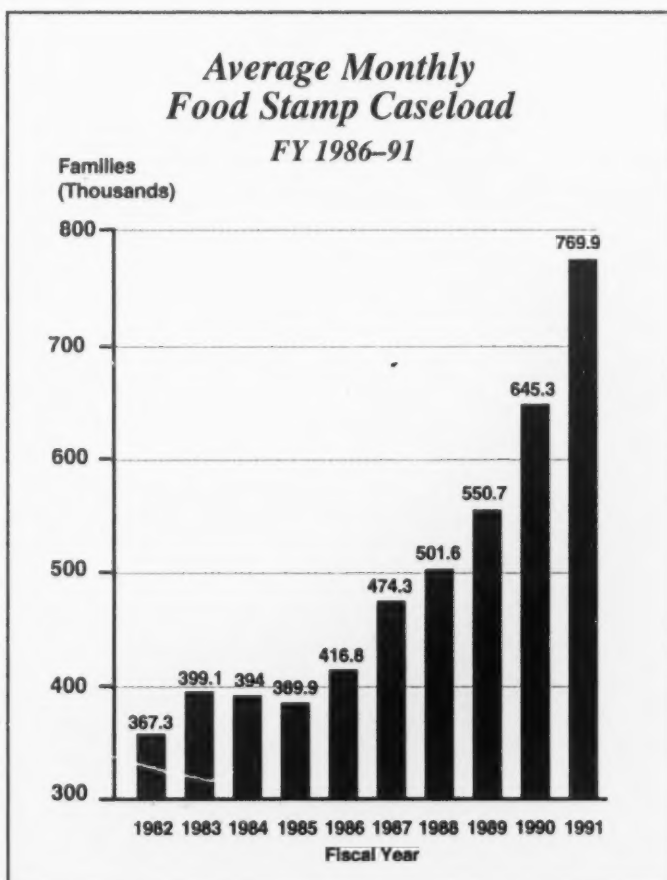
The agency implemented another OBRA 1990 requirement, effective July 1991, providing Medicaid coverage to children born after Sept. 30, 1983, whose families' incomes are below 100 percent of the federal limits for poverty.

With the addition of these new provisions, there are now 11 different Medicaid coverage groups for non-AFDC eligible, low-income pregnant women, children, and families, each with its own complex eligibility requirements and policies. In July 1991, DHS successfully automated the eligibility and certification process for these programs, resulting in faster, more accurate case decisions and better service to applicants and clients.

In fiscal year 1991, the Medicaid programs for low-income families provided coverage to an average of 264,832 recipients per month, compared to 149,623 the previous year. The total cost of Medicaid services for this group increased from \$514.7 million in fiscal year 1990 to \$853.7 million in fiscal year 1991.

Food Stamps

the Food Stamp program supplements the diets of low-income people. The program serves one- and two-parent households, elderly people, and single adults. To be eligible for food stamps, the people living in a household must have combined incomes of less than 130 percent of federally established limits for poverty and countable resources of less than \$2,000. Households with a member age 60 or older can have countable resources of up to \$3,000. The value of a home and its surrounding property and up to \$4,500 of the value of a vehicle are not counted as household resources. Households in which members all re-



Khuon Thi Nguyen came to the United States in 1981 as a 7-year-old Vietnamese refugee. By age 16, she was pregnant and moved with her boyfriend to Houston, where he hoped to find work. Instead, he disappeared, and she moved in with a disapproving aunt.

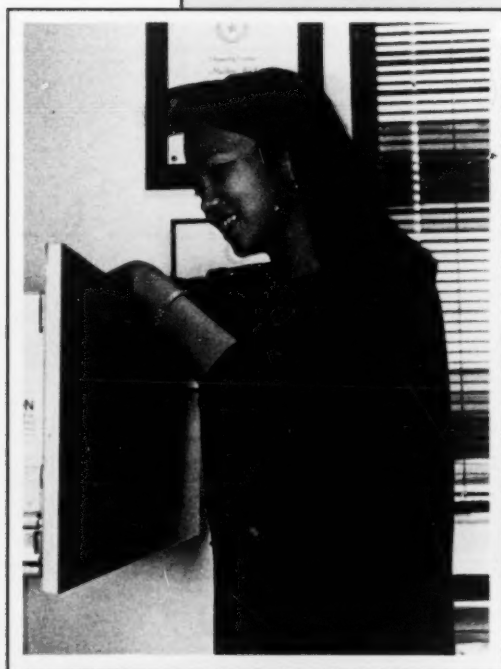
Khuon was seven months pregnant when she had her first prenatal exam. An eligibility worker certified her for the Medicaid program for pregnant women, added her to her aunt's food stamp case, and referred her to the Women, Infants, and Children nutrition program.

Khuon's son was delivered by Caesarian section in April 1991, and she applied for and began to receive Aid to Families with Dependent Children (AFDC). In May, she was summoned to the local DHS office to meet with a nurse from the Family Health Services program, which targets pregnant and parenting teens. There she learned about contraception, preventive health measures, and how to use Medicaid benefits most effectively.

When Khuon told the nurse she'd lost her immigration card, the nurse referred her to an employment services case manager. Khuon established instant rapport with the case manager, a fellow refugee. The case manager introduced Khuon to the Job Opportunities and Basic Skills Training (JOBS) program and told her that through JOBS, she could complete her education and learn the skills she needed to get off of AFDC. Khuon was eager to try.

She settled into a schedule of classes on weekday mornings to prepare for the General Educational Development examination. In the afternoons, she volunteered to do clerical work at DHS. Later, her case manager lined up a summer job for her through the Job Training Partnership Act and helped arrange subsidized child care for her son.

"Khuon has shown remarkable determination," her caseworker said. "She's motivated, and I'm proud of how far she's come. I truly believe the sky's the limit for her."

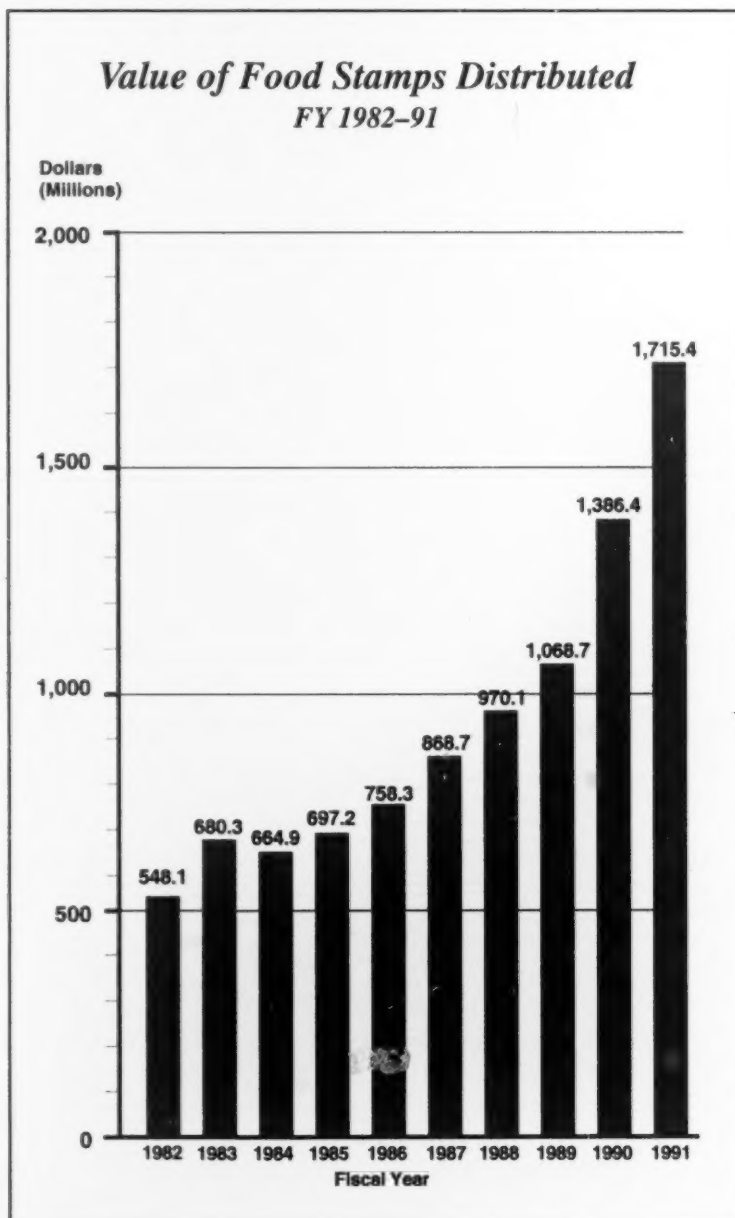


Meet Khuon

ceive AFDC or Supplemental Security Income are eligible regardless of their incomes or resources. Each recipient's food stamp allotment is based on the number of people living in the household and their incomes after allowable deductions.

In fiscal year 1991, an average of 2.16 million people received food stamps each month, compared to 1.88 million per month the previous year. The total value of food stamps issued increased from \$1.4 billion in fiscal year 1990 to \$1.7 billion in fiscal year 1991. The average monthly allotment in fiscal year 1991 was \$65.75 per person, compared to \$61.40 in fiscal year 1990.

An automated program continued to provide food stamp benefits for elderly and disabled recipients of Supplemental Security Income without requiring them to go into a local office to confirm their eligibility. A monthly average of 67,697 elderly and disabled clients received their food stamps through this program in fiscal year 1991.



Employment Services

*a*s mandated by the Family Support Act of 1988, DHS implemented the JOBS program on Oct. 1, 1990, in 82 counties that are home to 89 percent of the AFDC client population. Under JOBS, DHS is required to offer a range of education, training, and employment services to help AFDC recipients compete in the job market. The JOBS program includes components to improve basic literacy as well as opportunities to complete high school or earn a General Educational Development (GED) certificate. Other employment services include training in specific job skills and job placement. In Texas, the basic design for the JOBS program was the REFOCUS employment services program, which DHS launched three years ago. Because of the experience gained through REFOCUS, the transition to JOBS was relatively smooth.

Although DHS has primary responsibility for the JOBS program, there is new emphasis on interagency planning among DHS and the agencies that provide the educational and training services that JOBS clients need. For educational services, DHS depends upon public schools, adult education cooperatives funded by the Texas Education Agency (TEA), community colleges, and providers funded by the Job Training Partnership Act (JTPA). For job training services, DHS looks to a variety of JTPA providers funded by the Texas Department of Commerce and managed by local Private Industry Councils. A variety of public and private organizations that provide employment services were selected through a competitive procurement process at the regional level.

The JOBS program called for a major new automated system to track each client's participation, process payments for contractors, and produce detailed federal and state reports. According to federal reviewers, Texas was the first state in the nation to develop an automated system fully capable of meeting the federal reporting requirements.

DHS also helps non-public assistance food stamp clients enter employment or participate in educational or vocational training leading to long-term self-sufficiency. Services include directed job searches, job search training, vocational training, non-vocational education, work experience, and refugee services.

DHS contracted with the University of Texas at Austin to conduct a study of economic conditions in Texas counties, ranking them according to need and climate for success as employment services program sites. Using the results, DHS got approval from the U.S. Department of Agriculture to reduce the number of counties served by the Food Stamp Employment and Training program. After reaching a high of 72 counties in fiscal year 1990, coverage dropped to 56 counties in fiscal year 1991. That way, the limited funds for employment and training could be put to use where they would be most effective in helping food stamp clients achieve self-sufficiency.

Two contractors operated the Employment and Training program in Texas during fiscal year 1991. The Texas Employment Commission (TEC) provided service components in 53 counties, and the Texas Association of Private Industry Councils provided service components in seven counties.

Participation rates for the JOBS program started low but increased to meet program goals by the end of the fiscal year. During the year, 40,334 AFDC clients participated, and 4,627 of them found employment that enabled them to get off of AFDC. The Employment and Training program led to 37,894 food stamp clients starting jobs, compared to 32,918 in fiscal year 1990. Expenditures were \$19.9 million for the JOBS program and \$12.4 million for the Employment and Training program during fiscal year 1991. This compares to total expenditures of \$14.8 million for all employment services in fiscal year 1990.

Child Care

*d*uring the past 20 years, the DHS-funded child-care program has undergone major changes in funding and methods of procurement. However, these changes pale in comparison with those brought on by the Family Support Act. The act created new funding sources, expanded the number and types of clients eligible for services, required greater flexibility in the agency's methods of securing providers, and mandated a broader range of options for parents choosing child care.

Child-care services are available through DHS to children in danger of abuse or neglect and children of low-income parents who need care while their parents work, seek work, or receive training leading to employment. A major purpose of this service is to help AFDC families become self-supporting. Through DHS, care and supervision can be provided for children from birth through age 12, and the age may be extended to 19 years old for children in foster care or children with disabilities.

While the number of funding sources and dollars available have increased this year, funding continues to be limited considering the number of clients potentially eligible for child-care services. As a result, some families must be placed on waiting lists.

Since March 1, 1991, DHS-funded child care has been provided through the Child Care Management Services (CCMS) system. This represents a major shift from a system of providing care primarily through provider agreements and competitively procured contracts with a limited number of child-care centers and broker agencies. Under the new system, any licensed or registered child-care provider in good standing with the DHS Licensing Department may participate. All types of DHS-administered child-care funds flow through the CCMS system, and all eligible clients are served by CCMS contractors.

Twenty-five competitively procured contractors manage child-care services in 27 service delivery areas throughout the state. The contractors are responsible for verifying and determining eligibility; giving information and assistance to parents who need child-care arrangements; recruiting and paying vendors for child-care services; monitoring the care provided; providing resource and referral services; and providing some case management functions. The contractors enter into vendor agreements with centers, group day homes, and registered family homes to care for eligible children.

The contractors also offer parents information on how to select child care; authorize child care; manage waiting lists; offer resources for training child-care staff and improving their programs; and coordinate with other services for children and families in local communities.

Critical to the success of CCMS is its comprehensive automated support system. The system helps contractors manage funds, track clients, provide information and referrals, process payments to vendors, and bill DHS for services provided to eligible clients. The automated system is one of the few statewide, comprehensive automated systems for child-care services in the nation.

Two new funding sources for child care became available during fiscal year 1991. The first source was the JOBS program. Child care is guaranteed, if needed, to clients participating in JOBS activities. DHS caseworkers and employment contractors refer JOBS participants who need child care to the CCMS contractor, who authorizes child-care services. In addition, to help families make the transition from welfare to independence, 12 months of child-care services are available through the Family Support Act to families whose earnings have made them ineligible for AFDC.

The second new source of federal funding, which became available March 1, 1991, was the Title 4-A at-risk child-care funds. To be eligible, a family must not receive AFDC benefits; must need child care in order to work; and must not have a total gross income exceeding 150 percent of the federal poverty income levels.

Another major source of child-care funding will become available during fiscal year 1992. The Child Care and Development Block Grant (CCDBG), enacted as part of OBRA 1990, will substantially increase federal funding for child care, effective Sept. 7, 1991. In response to changes brought on by the block grant, the DHS child-care program staff developed new rules and amended old ones to handle inconsistent regulations among different funding sources and provide continuity of care for children receiving DHS-funded child care.

During the summer of 1991, DHS established the Texas Child Care Planning Council, with membership representing state agencies, child-care providers, provider organizations, child-care advocates, elected officials, and other individuals

and groups with interests in child care in Texas. This group was instrumental in helping DHS identify needed program changes and plan for use of the new block grant. The planning council will continue to offer assistance in refining and carrying out these plans in fiscal year 1992.

In fiscal year 1991, funding for all child-care programs came to \$75.2 million, enabling DHS to serve an average of 27,165 children per day. This compares to \$42.1 million for services to 18,510 children per day in fiscal year 1990. Even with these increases in expenditures, fiscal year 1991 funding allowed the agency to serve fewer than 4 percent of all the children potentially eligible for state-funded child-care services.

Refugee Assistance

Refugee assistance is authorized by the Refugee Act of 1980, which was amended by the Refugee Assistance Extension Act of 1986. The purpose of the program is to help refugees become self-sufficient as quickly as possible after arrival in the United States.

Cash and medical assistance for refugees is limited to their first 12 months of residence in the United States. An average of 1,861 refugee clients received financial and medical services per month at an estimated cost of \$4.4 million in fiscal year 1991.

Services for refugees include job training, job placement, and English as a Second Language classes to help refugees enter the economic mainstream. Contractors provided services to approximately 14,800 refugee clients at a cost of \$2.4 million in fiscal year 1991.

The Unaccompanied Refugee Minor program operates through a contract with Catholic Counseling Services of Dallas. The contract provides foster care and other child welfare services to children deemed eligible through the national program.

Discretionary funds supported three projects during fiscal year 1991. The Job Links project, located in Dallas and Beaumont, provides employment services to increase families' standards of living and abilities to sustain self-sufficiency. The Refugee Women's Project provides employment and English as a Second Language services to women refugees in San Antonio. The Re-education Camp Detainees project provides counseling and mental health services to former Vietnamese political prisoners in Houston and Arlington.

Family Health Services

Nurses in Family Health Services counsel and educate individuals and groups of Medicaid clients about how to use Medicaid benefits, family planning services, preventive health care, and other health and social service resources

appropriately. These services encourage self-sufficiency by helping clients learn how to avoid sickness and take care of their own and their families' health.

The nurses also consult with other DHS staff and health-care professionals about Medicaid, other health resources, and clients' use of health-care services. They train caseworkers on basic health care and use of the health-care system, and they provide professional assistance when situations arise that require a nurse's intervention. They help recruit Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers and serve as liaisons with other agencies and community resources.

During fiscal year 1991, staff continued to work with teen-age mothers and pregnant girls younger than 18. They also counseled clients with health-care needs that required a nurse's intervention and oriented client groups on the proper use of Medicaid and preventive health services.

During fiscal year 1991, family health nurses provided a total of 22,915 health-care educational services to Medicaid clients, providers, DHS staff, and other agencies' staff. Of these, 5,197 were individual sessions with 4,022 Medicaid families. The program cost approximately \$563,614.

Teen Parent Initiative

Since 1985, the Teen Parent Initiative has provided services focused on teen pregnancy and parenting. The program coordinates demonstration projects in El Paso and Houston, small local projects across the state, a legislatively mandated interagency advisory committee, and an information clearinghouse.

In El Paso, Project Redirection provides comprehensive services to pregnant and parenting teens throughout the county. Case managers broker participants' use of existing public services for education, health, and employment. The project works with school personnel as well as teen-age mothers and fathers and their families. In Houston, comprehensive services at two alternative school sites include case management, prenatal and postnatal care, child health care, and parenting education.

In parts of the state not served by these large demonstration projects, local DHS administrators use funds for small Community Initiative Development (CID) projects. These generally are one-time efforts to prevent or respond to adolescent pregnancy. The results of CID projects are made available to other organizations statewide.

The Adolescent Pregnancy and Parenthood Advisory Council (APPAC) was established by the 71st Legislature to coordinate the adolescent pregnancy policies and programs of state and local agencies and advise the boards of DHS, the Texas Department of Health (TDH), and the Texas Education Agency (TEA) on adolescent pregnancy issues. APPAC membership includes representatives of 10 state agencies and several non-government groups. Two co-chairs, one governmental and one non-

imelda de Leon was a third-generation welfare client. Marriage helped her break the cycle of poverty for a while, but when her husband died in a hunting accident, she had four small children, no insurance, and no work experience. She did have a high school diploma, however, and the determination to make it on her own.

For 10 years, she tried numerous ways to support her family. But each job was seasonal or ended abruptly, leaving her to start all over again. She waited tables, worked as a maid, and at one time was boss of a highway construction crew. She even sold shrimp on the side of the road. But every time a job came to an end, she returned to the only stable means of support her family ever knew—Aid to Families with Dependent Children (AFDC).

In 1989, Imelda was living in public housing with three of her children and two grandchildren. She applied for an educational grant and enrolled in a local junior college. Although she was the first member of her family ever to attend college, she tackled her coursework with tenacity, and in May 1991, earned an associate's degree in criminal justice. A month later, she was hired as an eligibility worker at DHS.

Imelda no longer gets AFDC, and she has moved out of public housing. She continues to take courses toward a bachelor's degree in social work. Her desire for education set an example for her children, and now, one of her sons is planning to attend Texas A&M University to study computer science.

Imelda's goal is to become a caseworker in Child Protective Services. In the meantime, she is happy to serve families like her own. "I understand my clients' fears," she said. "For many years, I was afraid of losing the security of being on welfare. But I have no regrets about leaving it behind, and I want to share that with my clients."



Meet Imelda

governmental, oversee the group's work. Government chairmanship rotates annually among TDH, DHS, and TEA. APPAC is required to report its recommendations to appropriate state agencies and to each regular session of the Texas Legislature. Its first report was released in October 1990.

The School-age Pregnancy and Prevention Clearinghouse operates as a focal point for information about services related to teen pregnancy. Documents produced by DHS are sent out on request, and a variety of regular and special reports are available, including:

- *School-age Pregnancy and Prevention Services Resource Directory.* The directory lists about 240 programs and includes information on related programs and services such as key state agencies, Women, Infants, and Children (WIC) sites, and locations of Texas Agricultural Extension Service offices.
- *Teen Birth Data and Statistics in 254 Texas Counties.* Using DHS and TDH data, this report provides county-by-county information on the number of teens, the number of births to teens by age and ethnicity, number of low-birth-weight babies, poverty rates, and Medicaid expenditures for teen births.

Emergency Assistance

the purpose of emergency assistance is to help local governments and non-profit service organizations meet the needs of people who are homeless or lack other basic necessities. Food, housing, clothing, utility payments, and other assistance are provided through the Emergency Nutrition and Temporary Emergency Relief Program (ENTERP) to people who suddenly find themselves unemployed or dealing with a crisis.

Services are provided through local contractors who offer short-term emergency assistance to people in need. They may provide services directly to clients or buy the services using purchase vouchers and subcontracts.

Contractors include counties, local governments, and non-profit corporations. Only one contract is awarded in each county, and it is offered first to the county government. The agency allocates a minimum of \$1,000 to a maximum of \$100,000 to each county, based on the county's unemployment and poverty rates. Local contractors must match state funds on a 50-50 basis. If the funds allocated for a particular county are not spent or matched, they may be transferred to another county.

The contractor for each county determines the scope, frequency, and duration of services and sets client eligibility criteria. However, contractors may not deny services to anyone whose family income is at or below 75 percent of the federal poverty guidelines. During fiscal year 1991, local contractors in 245 Texas counties provided emergency assistance to more than 146,000 people at an estimated cost of \$1.2 million.

The Oil Overcharge Restitutionary Act, established by the 70th Texas Legislature, provided additional funding to ENTERP, beginning Sept. 1, 1987. The funding is available to the states as a result of litigation concerning overpricing of crude oil and refined petroleum products from 1973 through 1981, when mandatory federal price controls were in effect. Oil overcharge funds of \$2.1 million were added to the program to help needy people pay utility bills; buy petroleum heating products; buy cord wood, coal, blankets, and coats; and repair heating and cooling appliances. Contractors in 114 counties used oil overcharge funds to help more than 164,000 people. These funds also required a 50-50 local match. Priority for assistance was given to recently unemployed people and people who did not qualify for other financial assistance programs.

Assistance to Legalized Aliens

the Immigration Reform and Control Act of 1986 established the State Legalization Impact Assistance Grant (SLIAG) program to help defray the costs to state and local governments for providing health care, public assistance, and educational services to eligible legalized aliens. DHS is reimbursed 100 percent for state and local funds spent serving eligible legalized aliens through Title 19 health-care services, Title 20 family planning services, vendor drug services, county indigent health-care services, the ENTERP and oil overcharge programs, and city or county public assistance agencies.

During fiscal year 1991, DHS increased its efforts to identify and claim SLIAG funds for services provided to legalized aliens. As a result, SLIAG reimbursements increased from \$1.9 million in fiscal year 1990, to \$6.8 million in fiscal year 1991. An additional \$7.5 million in claims will be filed by the end of the federal fiscal year on Sept. 30, 1991. Client Self-support Services staff also identified several DHS programs that should be eligible for SLIAG reimbursement but for which claims have never been filed. Pending federal approval, Texas will receive an additional \$650,000 in reimbursement for fiscal year 1991 expenditures in these programs.

Energy Assistance

the Low-income Home Energy Assistance program helps eligible low-income households pay for home energy costs. State warrants mailed to eligible households are payable to their gas or electric suppliers, local housing authorities, or in some cases, the heads of the households. Benefits are issued once in the winter and once in the summer. About 460,000 households received benefits in the winter of 1991. The summer component was funded to serve about 230,000 households. Expenditures this fiscal year amounted to \$32.1 million.

Native American Restitutionary Program

the Native American Restitutionary program, a direct grant program created by the 70th Texas Legislature, is financed through the Governor's Office with oil overcharge funds. This program provides energy-related assistance to the three Texas Indian tribes: the Alabama-Coushatta tribe in Livingston; the Kickapoo traditional tribe in Eagle Pass; and the Ysleta del Sur Pueblo (Tigua Indians) in El Paso.

The grants are used by tribal governments for emergency relief and energy crisis intervention; low-income home energy assistance; weatherization and rehabilitation of community facilities; tribal government and community energy and fuel consumption; and other approved energy conservation programs.

Allocations to the three Texas tribes are determined by the Texas Legislature and based on an estimated combined tribal population of 2,800. The tribes have agreed that settlements will be divided equally regardless of tribal enrollment. DHS' contract with the Governor's Office for fiscal year 1991 amounted to \$599,117.

Nutrition and Emergency Services

during fiscal year 1991, DHS transferred the administration of Nutrition and Emergency Services into Client Self-support Services. Staff administer eight U.S. Department of Agriculture (USDA) nutrition assistance programs, as well as one emergency and two repatriation programs.

Nutrition Services

The Summer Food Service program is designed to bridge the nutritional gap during holidays and the summer for children through age 18. Many of these children participate in the National School Lunch program during the school year. The absence of the National School Lunch program during the summer months places many low-income families who depend on food stamps in jeopardy nutritionally.

The Summer Food Service program has traditionally been underutilized in Texas. In 1989, DHS and the Texas Association of Community Action Agencies began a vigorous campaign to increase program sites and participation by low-income children. In fiscal year 1991, messages accompanied the June warrants for food stamps and Aid to Families with Dependent Children, providing information about the program and a hotline number to locate the site nearest the client's home. Funding for the toll-free hotline and staff to take the calls was provided by a grant from the

American Milk Producers Inc. Regional staff were actively involved in outreach, and the program received media coverage throughout the state. The Lower Rio Grande Valley, Corpus Christi, and East Texas achieved widespread program participation for the first time during fiscal year 1991. Staff expect additional increases in the numbers of sponsored sites and children fed in fiscal year 1992.

Sites set up primarily to serve meals to homeless families are also eligible to participate in the Summer Food Service program. The first such site in the USDA Southwest Region was established this fiscal year in Port Arthur, where approximately 8,500 meals were served to children last summer.

In fiscal year 1991, contractors were reimbursed \$9 million for feeding about 97,000 children, compared to \$6.5 million for feeding about 89,000 children in 1990.

The Child and Adult Care Food program helps non-residential child and adult day-care centers integrate a nutritious food service into organized day-care activities. The program has grown significantly this year. Participating day homes and child-care centers increased from 404 in fiscal year 1990 to 419 in fiscal year 1991. Adult centers increased from 23 to 46 during the same period. Contractors were reimbursed \$70 million this year for feeding about 107,000 children and adults, up from \$60.7 million for 92,000 adults and children in fiscal year 1990.

Schools and summer camps participating in the Special Milk program gave needy children about 75,000 pints of milk this fiscal year. More than 28,000 children in private schools and residential child-care institutions got free or reduced-price meals through the National School Lunch and School Breakfast programs in fiscal year 1991. The programs also subsidize breakfasts and lunches for all children, regardless of economic status.

Recent emphasis on the relationship between a nutritious breakfast and educational performance prompted Congress once again to authorize start-up funds for the School Breakfast program. DHS staff conducted a media campaign and other outreach activities for the School Breakfast program during fiscal year 1991 and expect significant growth in the program next year.

During fiscal year 1991, staff initiated a project recently authorized by federal law that will allow children who receive food stamps to be directly certified for free meals in the National School Lunch program. Working in partnership with the Texas Education Agency, staff will perform a computer match and advise school personnel of which children are entitled to free meals without completing another application. This effort is expected to increase the number of children receiving free meals; reduce paperwork for DHS, schools, and students' families; and increase federal funding for Texas during the school year beginning September 1992.

Nutrition Education and Training

The Nutrition Education and Training (NET) program provides training in nutrition and food service management as well as educational activities about nutrition for schools and child-care institutions. The program seeks to improve children's nutrition through workshops, a lending library, and instructional materials. These services are provided for food services personnel, educators, parents, and children.

This fiscal year, 3,404 participants represented 589,228 children at 164 workshops conducted by NET staff, compared to 2,050 participants representing 351,000 children in 110 workshops last fiscal year. NET's lending library circulated approximately 2,091 items and served 329 patrons who reached more than 33,019 children and educators. The NET library collection serves as the main clearinghouse for Texas School Food Service Association certification curriculum materials.

Food Distribution and Processing

Through the Food Distribution program, 2,027 agencies received 123,697,003 pounds of USDA-donated commodities valued at \$64,187,547 in fiscal year 1991.

DHS staff are seeking ways to distribute USDA-donated commodities through existing commercial channels. A private sector distribution system would offer several benefits to the agencies receiving commodities. The commercial delivery system planned for implementation in fiscal year 1992 will allow agencies to have food delivered as often as weekly, compared to the current practice of picking it up monthly from a warehouse. The new system will not only be more convenient, but will cut costs for many agencies. Perishable foods will be delivered in refrigerated transports, which many schools and agencies do not currently have. The cost will be equalized for participating agencies in a given area by having all commodities delivered on a cost-per-case basis regardless of destination. Agencies will still have the option to pick up their commodities for a fee per case that statewide is slightly lower than the charge for delivered goods.

In previous years, administration costs of the Food Distribution program were funded primarily by user fees assessed against the recipient agencies. In fiscal year 1991, DHS was authorized to transfer funds unused by the Texas Education Agency to pay for distribution to schools. As a result, schools were not assessed user fees, and administrative funds covered distribution to charitable agencies.

Schools participating in the National School Lunch program also benefit from the food processing component of the Food Distribution program. In fiscal year 1991, 15 processors used more than 1.8 million pounds of 14 different commodities to produce end products used in schools.

Through the Emergency Food Assistance program, approximately 454,666 Texas

households received 32.3 million pounds of donated food valued at \$16.1 million this fiscal year. Donated foods included butter, flour, cornmeal, cheese, peanut butter, canned pork, canned green beans, vegetarian beans, honey, egg mix, and raisins. However, not all items were available all the time, and popular items, such as cheese, were very limited.

In cooperation with the Texas Department on Aging, DHS participated in the USDA Commodity Demonstration Project, using USDA-donated commodities at congregate feeding sites for elderly people. As a result, 12 area agencies served more than 12 million meals to elderly Texans. The 0.76 million pounds of food was valued at more than \$476,000.

Disaster Assistance

Since 1974, the Individual and Family Grant program has provided more than \$90 million to more than 50,000 victims of floods, hurricanes, tornadoes, and other disasters when insurance and other avenues of recovery have been exhausted. The maximum amount of assistance available to individuals or families increased this year from \$10,400 to \$11,000. Seventy-five percent of the grant amounts are funded by federal dollars; 25 percent by state dollars.

The grant program is operated out of the central office with telephone and automation connections to the Federal Emergency Management Agency. This reduces administrative costs while improving customer service because of the ease and accuracy of communications.

During fiscal year 1991, severe flooding in Cameron, Willacy, Victoria, Jackson, and Brazoria counties resulted in a presidential declaration of disaster on April 12. During the disaster period, which lasted eight months, the agency received more than 8,700 applications for assistance and approved more than 7,700 cases at a total value of \$14 million.

Repatriation Program

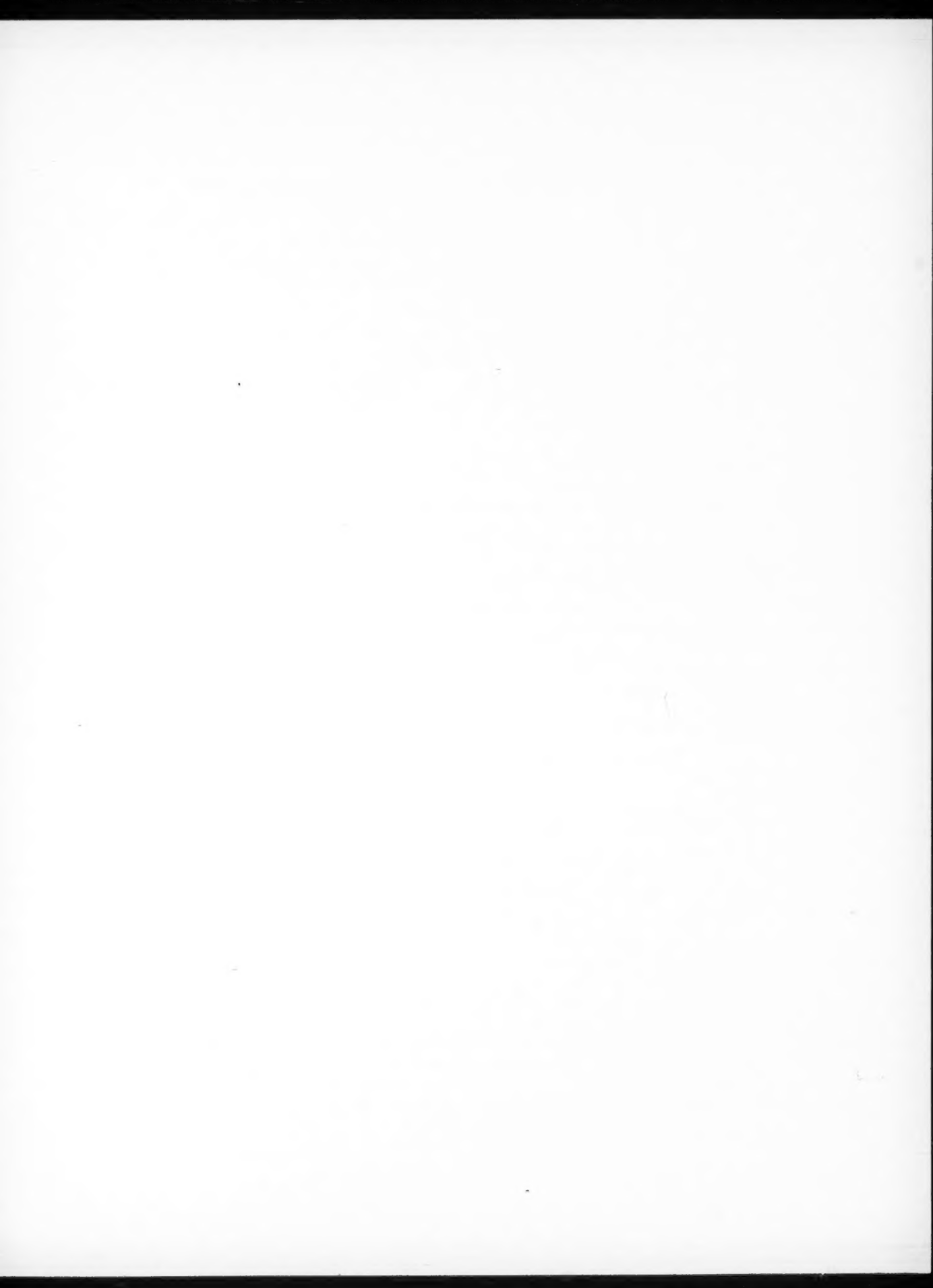
Client Self-support Services manages two types of repatriation, ongoing and emergency. Both are 100 percent federally funded.

In fiscal year 1991, ongoing repatriation provided medical care, lodging, meals, transportation, and resettlement services. Forty-three families who fled the Persian Gulf because of the war received assistance. More than 50 other U.S. citizens received transportation to their homes. Services were provided by CSS staff in the Arlington Region and through contracts in Houston, Laredo, and El Paso.

Although no situation resulted in an emergency repatriation declaration in Texas during fiscal year 1991, there was heightened preparedness as a result of the Persian Gulf War. DHS staff met with officials of the cities of Austin and San Antonio, as well as Bergstrom and Kelly Air Force bases, the American Red Cross, and other organizations to review the emergency repatriation plan and the roles and responsibilities of the participating organizations.



Health Care



Health Care

the health care revolution predicted in 1986 by Joseph A. Califano Jr., former secretary of health, education, and welfare, is in full swing, and DHS is fully involved on two fronts: expanding access to Medicaid primarily for children and pregnant women; and ensuring the most appropriate settings for care of all Medicaid clients, which in some cases is at home.

Little more than two years ago, only the poorest people in America could qualify for Medicaid. In Texas, children whose families' incomes exceeded 22 percent of the federal definition for poverty and women whose incomes were more than 33 percent of poverty were simply ineligible. Congress, however, has relaxed the income limits for Medicaid eligibility incrementally over a period of years to extend benefits to many more children and pregnant women. Medicaid now covers prenatal and pediatric care not only for women and children on welfare but for the families of the working poor.

By the beginning of fiscal year 1991, the limits were up to 133 percent of poverty for children younger than 6 and pregnant women. By the end of the fiscal year, the Omnibus Budget Reconciliation Act (OBRA) of 1990 had extended benefits to children up to age 8 at 100 percent of poverty. The age limit will increase by one year each year until the year 2001, when children up to age 18 will be covered at 100 percent of poverty.

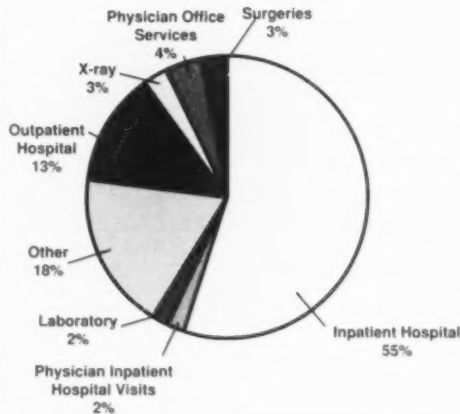
The ramifications are exciting in terms of public health but have been devastating to the state budget. Medicaid is paid for with federal and state matching funds, usually in the range of 64 percent federal, 36 percent state. The Medicaid population is expanding through federal mandates, but the state must meet the matching requirements. Unfortunately, no one could have anticipated all of the mandates in 1989 when DHS made its legislative appropriations request for the 1990-91 biennium. As a result, the agency and the Legislature have had to deal with steadily increasing caseloads and shrinking state dollars.

Federal legislation also brought about the Americans with Disabilities Act of 1990, giving citizens with disabilities greater access to their communities and removing barriers to their participation in public life. The act prohibits discrimination against people with disabilities in employment, mass transportation, public accommodations, telecommunications, and government services.

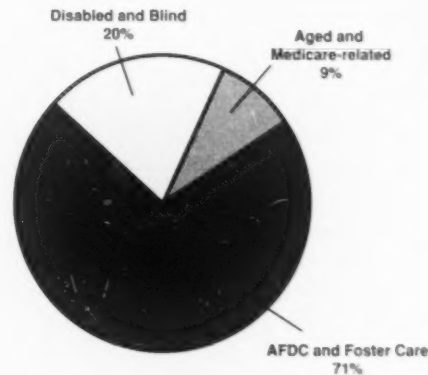
Half a year after the act was signed into law, the Texas Board of Human Services adopted a position statement committing DHS to dedicate more resources to community care than institutional care. In the past, most of the money the agency spent on programs for people with disabilities went to nursing home care.

Purchased Health

*Benefit Payments
FY 1991*



*Payments by Recipient Group
FY 1991*



The Office on Services to Persons with Disabilities is leading a work group at DHS to put the position statement into action. They are seeking Medicaid waivers to help more clients get the care they need while living at home.

With federal changes also came changes in the way health care is monitored and delivered in the state. In fiscal year 1991, the Contracted Client Services division at central office, which administered most of the agency's Medicaid programs, was reorganized and renamed the Health Care Services division. The purpose of the reorganization was to better align the central office structure with the regional management structure for Services to the Aged and Disabled.

The 72nd Legislature further streamlined the state's health care delivery system by creating a health and human services commissioner to oversee the reorganization of 11 state agencies. On Sept. 1, 1993, DHS' largest program, Purchased Health Services, will go to a newly created Department of Public Health.

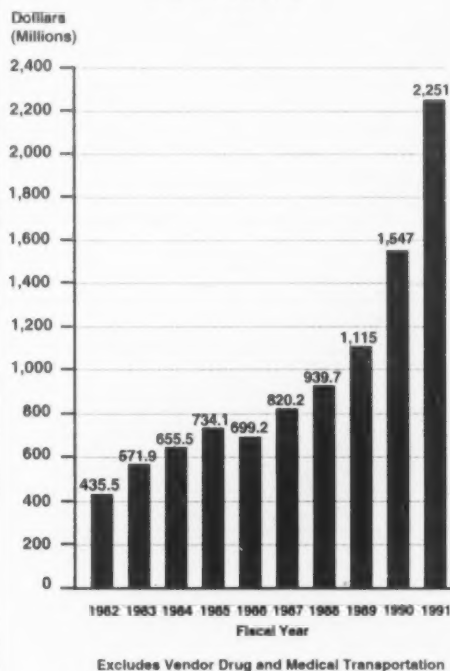
Purchased Health Services

Purchased Health Services administers the agency's Medicaid contract with the National Heritage Insurance Company (NHIC). Texas pays for the health care of clients enrolled in Medicaid through this contract.

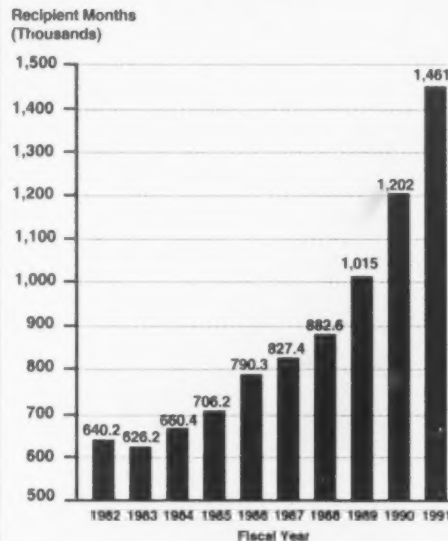
Medicaid services covered by the contract include hospital and physician care; laboratory tests and X-rays; and care by chiropractors, podiatrists, psychologists, family and pediatric nurse practitioners, opticians, optometrists, and other health-care providers. In fiscal year 1991, medical services for Medicaid clients cost approximately \$2.25 billion, compared to \$1.55 billion in fiscal year 1990. These figures include expenditures for supplemental medical insurance premiums, services for aliens, and other services covered on a cost-reimbursed basis.

Fiscal year 1991 saw the continuation of rapid change for Purchased Health Services, with expansion of client eligi-

Purchased Health Expenditures FY 1982-91



Purchased Health Services Recipient Months per Month FY 1982-91



bility groups and services. Staff worked hard to respond to the many changes in health-care legislation at state and federal levels and to make care available.

While these expansions are vital to providing a broad base of services to our clients, they also strain the budget. Because of this, Purchased Health Services performs a delicate balancing act, being conscious of health care expenditures while seeking to provide a wide range of medical services to a larger number of clients.

Medical Services Policy and Program Development

Many of the changes in Purchased Health Services programs have been in response to OBRA 1990. Signed into

law in November 1990, this federal legislation expanded eligibility for certain groups (primarily children and pregnant women) and increased benefits for certain segments of the Medicaid population. For example, day and dollar limits were removed for children younger than age 1 in hospitals participating in Medicaid, and day limits were removed for children between ages 1 and 6 in disproportionate share hospitals. Texas and other states that use prospective payment reimbursement systems must make outlier payment adjustments for long, expensive hospital stays for these children. While costly, this change will ease the burden of uncompensated care shouldered by facilities that handle large charity populations.

Other important changes resulting from OBRA 1990 include certification requirements for physicians treating children and pregnant women, new regulations on billing for substitute physicians' services, changes in regulations governing federally qualified health centers, accelerated enrollment of qualified Medicare beneficiaries, and use of advance directives by Medicaid providers.

The trend toward interagency agreements continues, as Medicaid covers certain services provided by other agencies for specific client populations. Notable among these agreements is one that covers case management for high-risk infants and pregnant women. This cooperative effort with the Texas Department of Health (TDH) will improve clients' access to services that promote healthy pregnancies and healthy babies.

Another important interagency agreement allows Medicaid to pay for chemical dependency treatment services for Texans younger than age 21. The Texas Commission on Alcohol and Drug Abuse licenses these facilities.

Similar projects are still pending with the Texas Education Agency (TEA) and the Texas Commission for the Blind (TCB). If approved by the federal Health Care Financing Administration, Medicaid will reimburse school health and related services provided under the auspices of TEA. The program planned with TCB would allow Medicaid to pay for case management services for children who are blind or visually impaired.

Several initiatives with the Texas Department of Mental Health and Mental Retardation (TXMHMR) are under way. These include two case management projects, one for people with chronic mental illness, and one for individuals with mental retardation and related conditions. In addition, Medicaid covers diagnostic procedures for individuals with suspected mental retardation as well as rehabilitative services for people with mental illness.

Family and pediatric nurse practitioners joined the groups of providers eligible to receive direct Medicaid payments. This federally mandated change is intended to increase Medicaid clients' access to care.

benito Chavez, 64, lives with his wife Elena in a ramshackle house at the edge of a farming community in the Rio Grande Valley. More than 20 years ago, Benito was diagnosed with rheumatoid arthritis of the legs, but he was still able to carry on a fairly active lifestyle. Five years ago, however, the arthritis had gotten so severe that Benito could only get around in a wheelchair.

After getting surgery on his knees and feet, Benito was still in need of additional medical care. His doctor was optimistic that one more operation would enable him to walk again. But because his income exceeded the limit of \$407 per month, Benito couldn't qualify for Supplemental Security Income. He and Elena had no health insurance, nor enough money left to cover any more major medical bills. And because Benito wasn't 65 years old, he didn't qualify for Medicare.

Then, a worker from the Social Security Administration advised him to contact the Texas Department of Human Services, where a caseworker enrolled him in the long-term institutional care program. By this point, Benito's condition had deteriorated so much that he had a medical need for nursing home care. Once he was admitted to a nursing home, he was eligible for Medicaid, because the eligibility limit for long-term institutional care is three times as much as for Supplemental Security Income.

Benito stayed in the nursing home for only a day before being discharged to a hospital for surgery. Doctors replaced several bones in his legs and feet, and afterward, he returned to the nursing home to convalesce. He stayed there a month, covered by Medicaid, and went home with his arthritic condition virtually cured. Now, Benito is walking again.



Meet Benito

Client Services

In November 1988, DHS and TDH signed a memorandum of understanding. Under its terms, DHS promoted prenatal care through the news media, and the DHS Medicaid hotline staff answered the resulting calls, screened callers for integrated eligibility, made referrals, and sent applications to callers who appeared to meet eligibility requirements. During the first months of fiscal year 1991, Client Services sent out flyers with Aid to Families with Dependent Children (AFDC) warrants and food stamp mailings to advertise the toll-free hotline number.

The DHS Medicaid hotline answered 1,322 calls from pregnant women in fiscal year 1990 and 546 calls in fiscal year 1991 prior to transferring this function to TDH. The Maternal and Child Health Division at TDH assumed the task on Jan. 1, 1991. DHS staff worked closely with them in setting up the toll-free line and providing resource materials for a data base that can be accessed by TDH hotline staff. TDH continues to advertise their toll-free number through AFDC warrants and food stamp mailings.

The Client Services unit answered clients' questions regarding Medicaid services, bill paying problems, and the spend-down program. Through June 1991, hotline telephone contacts numbered 49,684, compared to 56,792 contacts in fiscal year 1990; inquiries numbered 2,217, compared to 2,594 in fiscal year 1990; and medically needy calls numbered 1,262, compared to 1,302 the previous year. In addition, the unit handled 207 pieces of hotline correspondence, 6,278 pieces of inquiry correspondence, and 671 pieces of medically needy correspondence through June 1991.

A survey indicated that the Client Services hotline received more than 3,000 calls a day. The hotline consists of four lines staffed by four operators who collectively answer about 480 calls per day. Calls are often lengthy when clients have questions about the Medically Needy program or billing problems. Because the hotline receives more calls than can be answered, four additional lines and eight more staff have been requested for fiscal year 1992.

In addition, Client Services is working closely with Child Protective Services (CPS) staff to train CPS workers on Medicaid benefits for children in foster care. This cooperation between departments within the agency helps coordinate services for clients and maximizes federal matching funds for services that can be covered by Medicaid.

Integrated Eligibility

The Integrated Eligibility program began in 1985 as part of the indigent health-care legislation passed by the 69th Legislature, which required DHS and TDH to coordinate intake and referral for various health-care programs. Coordinating services

and streamlining eligibility processes continue to be the major goals of the Integrated Eligibility program.

Integrated eligibility improves clients' access to health and human services by providing a single entry point for a number of programs. Using the integrated eligibility process, staff in health-care settings can quickly assess clients' situations, channel them into appropriate programs, and help them apply.

A major accomplishment this year was coordinating the use of a common application form for three DHS programs, three TDH programs, and the County Indigent Health Care program. Using a common form eliminates the need for clients to complete numerous application forms. The automated screening and referral process now includes the Women, Infants, and Children's nutrition program, Chronically Ill and Disabled Children's Services, and Supplemental Security Income. With this expansion, the screening process now includes nine programs.

More than 200 locations, including county eligibility sites, local health departments, community health centers, Primary Health Care Services program providers, and public hospitals, reported using integrated eligibility screening tools to refer clients to programs that can meet their needs. During fiscal year 1991, the agency spent \$1,001,295 on integrated eligibility, compared to \$889,947 in fiscal year 1990.

Health and human services providers at the state and local levels continue to work together to reduce overlaps and gaps in services, establish single points of entry when possible, and explore potential funding sources. As a result, they have improved clients' access to services and eligibility, reduced duplication of effort among agencies, and ensured appropriate uses of state and local funds.

County Indigent Health Care

In 1985 the 69th Legislature enacted the Indigent Health Care and Treatment Act to provide basic health care for medically needy people who do not qualify for Medicaid. One provision of the act assigns financial responsibility for indigent health care to all counties not fully served by public hospitals or hospital districts. These counties are required to operate a County Indigent Health Care Program (CIHCP) to provide health-care benefits to their poorest residents. The act also defines the financial responsibility of public hospitals for indigent residents in their service areas. Hospital districts are required to provide indigent residents with the health-care services specified by the state constitution and enabling legislation. The 71st Legislature enacted laws eliminating the need for specific legislation to establish a hospital district. DHS is responsible for establishing guidelines and providing ongoing technical assistance to CIHCP counties.

The CIHCP covers 140 counties not fully served by public hospitals or hospital districts. Other laws passed in 1987 and 1989 increased the number of counties liable for health care by eliminating the indigent health-care responsibilities of certain public hospitals. Hospital authorities and certain leased city-owned and city-and-county-owned hospitals were exempted.

A CIHCP county is legally liable for spending up to 10 percent of its general revenue tax levy for hospital and medical services for county residents who meet AFDC eligibility standards but are categorically ineligible for Medicaid. These people are primarily men, non-pregnant women, women without dependent children, married couples, and illegal aliens. To be eligible, county residents must have income below 25 percent of the federal poverty level.

Once a county reaches the 10 percent limit, DHS reimburses 80 percent of its additional expenditures. CIHCP county liability is unlimited as long as state assistance funds are available, but liability for each eligible resident is limited to \$30,000 or 30 days of hospital or skilled nursing facility care per year.

Eligible county residents receive medically necessary inpatient and outpatient hospital care, physician services, laboratory services, X-rays, family planning services, skilled nursing care, rural health clinic services, and up to three prescribed drugs per month. Services by dentists and podiatrists that may be paid to physicians are also covered.

DHS develops the rules by which counties operate the program and provides technical assistance and support. Service definitions and payment rates are based on the Medicaid program. The agency is also responsible for resolving residency disputes between governmental entities and providers, but has no program enforcement authority. A health-care coordinator in each DHS region serves as liaison between the agency and local health-care programs and providers. DHS staff work with the Texas Foundation for Human Services to sponsor an annual statewide training workshop. Nearly 400 local officials attended the 1991 workshop.

The 1985 legislation requires public hospitals to provide inpatient and outpatient hospital services to eligible residents of their service areas. While eligibility requirements for public hospitals cannot be more restrictive than those that DHS developed for counties, the eligibility requirements for hospital districts were not established by the 1985 law. Instead, they are defined by specific hospital district constitutional and statutory requirements. Public hospitals and hospital districts are currently responsible for providing indigent health care in all or part of 188 of the state's 254 counties.

During fiscal year 1991, counties spent more than \$28 million in local funds for mandatory services for eligible residents, up from \$23 million in fiscal year 1990. Counties approved more than 26,364 people for health-care services, compared to more than 17,456 people last year. Eleven counties received about \$1.3 million in

state assistance last year. Sixteen counties qualified for state assistance funds in 1991 and received about \$3.1 million in aid.

A major accomplishment in fiscal year 1991 was extending CIHCP eligibility to otherwise eligible county residents who were appealing denials of their Social Security disability claims. Because state law restricts CIHCP eligibility to people who are not eligible for Medicaid, people appealing denials of disability determination were initially viewed as potentially Medicaid-eligible, and their CIHCP applications were put on hold. As a result, people in urgent need of health care were frequently unable to meet their immediate needs. A major policy change, initiated by the Indigent Health Care Advisory Committee, permits counties to receive Medicaid reimbursement for services provided to people who have been granted retroactive Medicaid disability coverage. DHS serves as the counties' fiscal agent in claiming and distributing Medicaid reimbursement.

In fiscal year 1991, DHS continued to distribute federal funds to counties through the State Legalization Impact Assistance Grant (SLIAG) program. SLIAG was established under the Immigration Reform and Control Act of 1986 to partially defray costs to state and local governments for providing health, public assistance, and educational services to eligible legalized aliens. Through the SLIAG program, counties providing health-care services to legalized aliens are eligible for 100 percent federal reimbursement for direct service and administrative costs. In fiscal year 1991, counties claimed reimbursement for about \$0.7 million to cover services for legalized aliens, compared to about \$1 million in fiscal year 1990.

The Indigent Health Care Advisory Committee, established in fiscal year 1990 to better respond to local needs, continues to play a role in developing new CIHCP policies and procedures. Eleven voting members represent county elected officials, CIHCP administrators, and consumers in each DHS region. The four non-voting ex officio members represent the Texas Association of Counties, the County Judges and Commissioners Association of Texas, the Texas Medical Association, and the Texas Hospital Association. The addition of a fifth non-voting ex officio member representing the Texas Pharmaceutical Association was approved in fiscal year 1991.

Early and Periodic Screening, Diagnosis, and Treatment

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a federally mandated preventive health-care program that provides Medicaid coverage for screening, diagnosis, and treatment of medical and dental problems for eligible people who are younger than 21. EPSDT benefits include the following services:

- medical screening—a comprehensive history of the client's physical and mental health and development; a physical exam; laboratory tests, including an assessment of the level of lead in the blood; immunizations; health education and guidance;

and vision and hearing screenings;

- vision services—diagnosis and treatment of visual problems, including eyeglasses;

- hearing services—diagnosis and treatment of hearing problems, including hearing aids;

- dental services—comprehensive dental care, including emergency, preventive, therapeutic, and orthodontic services; and

- the EPSDT Comprehensive Care Program (CCP)—federally allowable Medicaid services that are not currently covered under the Texas Medicaid State Plan, such as durable medical equipment and supplies, prostheses, orthotics, private duty nursing, and therapy services. CCP benefits also include expanded coverage of Medicaid services that are subject to limitations.

During fiscal year 1991, 267,361 medical screenings and 254,932 dental services were provided to eligible children, representing increases of 98,426 medical screenings and 87,317 dental services over fiscal year 1990. During fiscal year 1991, medical screenings and dental services cost about \$43.5 million, compared to \$29.2 million in fiscal year 1990.

The program was significantly expanded in fiscal year 1991 to include services that children heretofore could access only through waiver programs. This may have a profound effect on the structure of waiver programs that serve children, as programs are restructured to coordinate with expanded EPSDT services in the coming year.

Family Planning and Genetic Services

In 1969, federal regulations required DHS staff who work directly with clients to discuss family planning with them and refer people who wanted birth control services to community resources. In 1972, in an effort to reduce the number of births out of wedlock, the Social Security Act mandated that every state offer family planning services to clients, including sexually active minors, and provide those services promptly upon request. Failure to comply can result in a penalty against the state's AFDC funding.

Since 1973, Texas has expanded its provider base to about 80 family planning contract agencies with more than 350 clinic sites in all but 40 counties. Providers offer a wide array of medical, counseling, and educational services for family planning. In addition, about 11,000 private physicians provide Medicaid family planning services. These services help clients limit the size of their families, prevent unintended or out-of-wedlock pregnancies, space their children's births, and make informed choices about reproduction.

The Legislature allocated \$23.9 million in Social Services Block Grant (SSBG) family planning funds for fiscal year 1991, the same amount as for fiscal year 1990. As a result, 264,284 people received SSBG family planning services this

year. In addition, 134,538 people received Medicaid family planning services at a cost of \$37.3 million. SSBG family planning funds were composed of 66 percent federal funds and 34 percent state funds; Medicaid family planning funds were matched at a rate of 90 percent federal, 10 percent state.

Because of limited funding, 67 percent of the 1,201,456 eligible people in need of family planning services in Texas are not being served by Medicaid or the SSBG. Teen-age pregnancy continues to be an enormous problem. This year, Texas maintained two rankings of dubious distinction—it is fourth among the states in the rate of pregnancies for girls ages 15 to 19, and it has the highest number of births to girls ages 14 and younger.

There were 380,911 women ages 13 through 44 who were eligible for family planning services through Medicaid. Of these, 31.1 percent, or 118,391 women, had Medicaid-funded births. Due to federally mandated expansions in Medicaid services, the number of Medicaid deliveries increased, as did the number of newborns whose care was covered by Medicaid, resulting in a total cost of \$342.8 million in fiscal year 1991.

Family planning services are remarkably cost-effective. For each dollar spent on Medicaid family planning services, the state saves an estimated \$4 in first-year welfare costs, including AFDC, food stamps, and Medicaid. Each dollar spent on SSBG family planning services saves about \$6 in first-year welfare costs. In fiscal year 1991, DHS family planning services averted an estimated 67,226 births, saving an estimated \$289.6 million in first-year welfare costs.

During fiscal year 1991, the Family Planning and Genetic Services program continued to enhance service delivery, improve communication with clients, and improve access to services. Under a legislatively directed memorandum of understanding, staff helped develop a Family Planning Coordinated Allocation Plan to be adopted by DHS and TDH. DHS family planning staff also streamlined SSBG eligibility forms and procedures; increased SSBG eligibility limits from 130 percent to 150 percent of the federal poverty levels; eliminated the local match provision for SSBG service providers; implemented an optional SSBG client copayment system; and added a new birth control method, the hormonal implant, to the list of reimbursable services. DHS provided purchased family planning training to 420 direct delivery staff statewide to help them make effective referrals. New brochures and videos were developed to promote clients' use of family planning and genetic services.

In 1981, with federal approval, DHS also began to offer Medicaid genetic services—including testing, diagnosis, and counseling—to help Medicaid-eligible clients who are at risk of genetic disorders make decisions about having children. DHS contracts with 13 genetic services providers who are certified for reimbursement through Medicaid. Reimbursements for genetic services are matched at a rate of 90 percent federal, 10 percent state.

In fiscal year 1991, DHS paid genetic service claims for 3,721 Medicaid clients at a cost of \$874,769. The average annual cost per client in fiscal year 1991 was about \$235. By contrast, in fiscal year 1990, genetic services claims were covered for 1,671 Medicaid clients, with an average per-client cost of \$236 and a total cost of \$394,536. This represents an increase of 122.7 percent, or 2,050 clients, over last year.

Through the Interagency Advisory Council for Genetic Services, DHS, TDH, and TXMHR improved coordination of genetic services in Texas. Similarly, DHS and TDH worked together with the newly established Family Planning Interagency Advisory Council to enhance coordination among state agencies, service providers, recipients, and other interested parties.

Medical Transportation

The Medical Transportation program, implemented by court order in 1974, provides Medicaid clients non-emergency transport to Medicaid services if they have no other means of transportation. (Ambulance transport is provided under the insured contract with NHIC.) Medical transportation is provided through contracts with public and private entities such as metropolitan transit systems, taxi companies, school districts, community service organizations, and private corporations. Volunteers, who are reimbursed for their mileage but donate their time, continued to provide a significant portion of the transportation services in 1991.

During the last three years, toll-free numbers were installed in each region to better equip DHS workers to authorize appropriate transportation and help with provider-related problems.

Workers arrange the most cost-effective transportation to the nearest Medicaid-covered services for eligible clients, holding costs to a minimum. Medical transportation cost \$6.1 million for 594,804 one-way trips in fiscal year 1991.

Pharmacy Services

This year the Texas Vendor Drug program had a major success in dealing with program limitations on ulcer medications. Because Medicaid will not reimburse the cost of these expensive medications at acute dosages after 62 days unless a doctor authorizes their continued use, vendor drug staff set up a computerized telephone line so pharmacists can quickly find out if a client has passed the 62-day limit. In fiscal year 1991, the new system saved the agency approximately \$9.1 million, while maintaining the availability of these drugs for clients.

Staff also initiated several program changes to comply with the Medicaid prescription drug section of OBRA 1990, which requires drug manufacturers to offer re-

bates to Medicaid outpatient drug programs. Staff expanded the Texas Drug Code Index to include all of the drugs eligible for rebates. Initial billings for rebates will be sent in early fiscal year 1992. Separate rebate agreements captured nearly \$2 million in fiscal year 1991, prior to the OBRA 1990 regulations.

In compliance with the law, staff are planning both prospective and retrospective drug utilization review programs to reduce the chances of overprescribing or drug interactions. An electronic claims adjudication program for pharmacy providers, planned for fiscal year 1992, will give pharmacists a cash flow advantage and cut down on the number of errors that have to be reprocessed by DHS billing staff.

In fiscal year 1991, staff continued to coordinate with other state agencies that have prescription drug programs, such as TDH and TXMHMR. When DHS and these agencies have clients in common, it is more cost effective to cover their prescriptions through Medicaid.

As the year came to a close, plans were under way to expand prescription coverage for clients in nursing facilities and young clients covered by EPSDT who need more than three prescriptions per month.

During fiscal year 1991, the average prescription price rose to \$21.41, up from \$20.22 in fiscal year 1990. The number of clients served increased from 373,218 per month in fiscal year 1990 to 434,005 per month in fiscal year 1991. There were 11,470,393 prescriptions dispensed through the Vendor Drug program in fiscal year 1991, compared to 9,804,713 in fiscal year 1990. Total program expenditures increased from \$198 million in fiscal year 1990 to \$245.6 million in fiscal year 1991.

Health Policy and Economics

Valley Health Care

This year, Health Policy and Economics staff led a cooperative effort among public and private agencies to improve access to health care in the Lower Rio Grande Valley. The grant application for the pilot project includes a four-year budget of \$15.9 million to provide comprehensive primary health-care services in three counties for low-income people of all ages who are not eligible for Medicaid. The project would cap payments for certain services, and staff would work closely with health-care providers to increase physicians' participation in Medicaid. Aggressive outreach and education programs coordinated by a community organization would encourage participation in the project and ensure appropriate use of services.

Targeted Case Management

Health Policy and Economics staff, in cooperation with the Perinatal program at TDH, developed a state plan amendment to provide targeted case management for high-risk pregnant women and high-risk infants up to age 1. The purposes of the program, which has been approved by the Health Care Financing Administration, are to reduce morbidity and mortality among infants and pregnant women, encourage the use of cost-effective medical care, make referrals to appropriate providers, and discourage overuse or duplication of costly services. Approximately 40,000 women and 36,000 infants will receive case management services through this program, which is scheduled to begin in September 1991.

Physician Payment Reform

The Physician Payment Advisory Committee was established in May 1991 to analyze the current method of paying physicians under the Texas Medicaid program and develop recommendations for revising it. Its primary objectives are to improve Medicaid recipients' access to quality care and rectify inconsistencies in reimbursement rates across specialties, services, and geographic areas.

Early Childhood Intervention

DHS, TDH, TXMHMR, and TEA are the four state agencies cooperating in the Texas Early Childhood Intervention program. During fiscal year 1991, the program furnished comprehensive services through 77 local or regional service providers to more than 12,000 children from birth to age 3 with disabilities or developmental delays. Services are available in every county of the state.

AIDS Pilot Project

During the fiscal year, a pilot project to provide home- and community-based services to people with Acquired Immune Deficiency Syndrome (AIDS) demonstrated the feasibility of a centralized, community-based service delivery system. The goal was to help eligible people live independently by improving their access to community resources and providing services that could prevent or reduce their needs for costly institutional care. The data collected during the demonstration phase was evaluated to provide information on the design, operation, and cost of a Medicaid waiver program. The pilot began in February 1990, ended in August 1991, and will be evaluated during the fall of 1991.

Staff also developed guidelines for dealing with the Human Immunodeficiency Virus (HIV) and related conditions in the work place. The 71st Texas Legislature mandated that all state agencies develop and implement work-place and confidentiality guidelines for providers, employees, and clients, and provide HIV and AIDS education programs for all employees and clients.

Services to People with Disabilities

by establishing the Office on Services to Persons with Disabilities (OSPD), DHS made a commitment to Texans with disabilities and their families. Its mission is to support and develop community-based initiatives that will give people with disabilities meaningful choices in their communities, social activities, and work lives. The OSPD serves as a focal point through which consumers, advocates, and staff at DHS and other agencies may raise issues and concerns regarding people with disabilities.

In January 1991, the Texas Board of Human Services approved a position statement on the development of community-based services for people with disabilities. The philosophy behind the statement is that people of all ages who have disabilities can live in their communities when provided appropriate services and support. DHS is committed to take all appropriate and necessary actions, including submitting Legislative Appropriation Requests, to ensure the development of a system of community-based services and supports for people with disabilities. The responsibility for coordinating this agency-wide effort lies with OSPD.

OSPD will work to ensure that policies and programs:

- are readily accessible to people with disabilities and their families;
- are based on individual, functional needs;
- serve people with disabilities of all ages and provide supports to the families of people with disabilities when appropriate;
- offer clients opportunities for choice and control;
- allow for changing needs and circumstances over time;
- avoid promoting dependence and create incentives for self-reliance and productivity, including options for cost sharing;
- coordinate a range of services, supports, and other assistance, both public and private; and
- are available throughout the state, in both urban and rural settings.

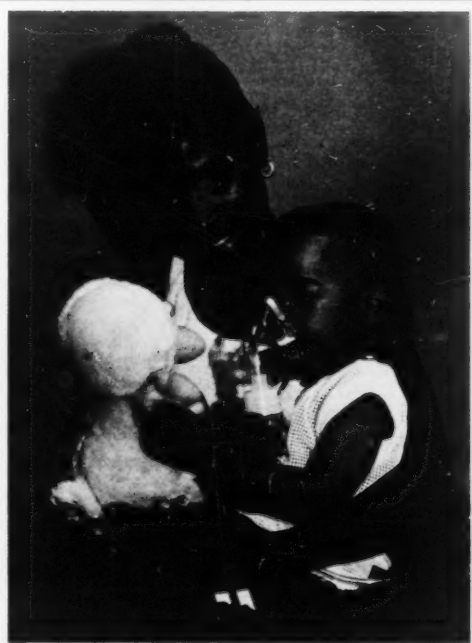
An internal work group has consulted with consumer and advocacy groups to develop short- and long-range recommendations for improving services to people with disabilities. The work group formed four committees that will address the community care system, alternatives to institutionalization, accessibility of services and programs for people with disabilities, and disability-related data needs. The

*a*t two and a half, Michael is just learning to walk. But he's come a long way since he weighed into the world as a 2-pound, 11-ounce, premature baby boy.

A medically frail child, Michael has severe respiratory problems. He remained in the hospital for the first 15 months of his life, with only two brief discharges home. He was ventilator-dependent and needed to be fed through a gastrostomy tube.

Without the Medically Dependent Children's program to provide in-home nursing care, Michael could not have come home, because his ventilator required continuous monitoring 24 hours a day. But now, nurses handle his medical care at home, giving the family the time they need to work, rest, and do all the things a household requires.

Free from infections and hospitalizations, Michael has grown into a robust 31-pounder. He can now breathe on his own, although he still requires oxygen, respiratory therapies, and medications. He can sit unassisted, scoot, and crawl. Interacting with his parents and older sister, he has developed not only physical skills, but an outgoing personality that his mother attributes to living at home.

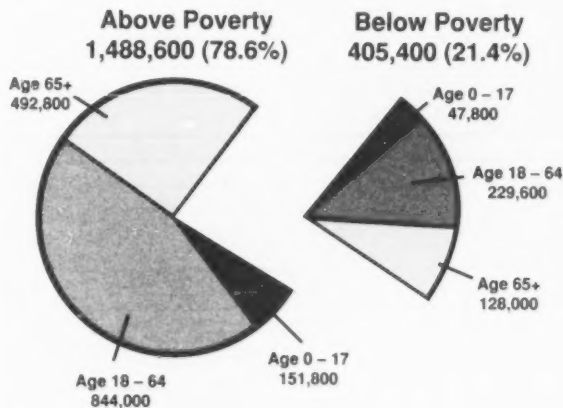


"When Michael was in the hospital, he was withdrawn, and he really didn't respond to us," his mother said. "Now that he's home, he's like a different child. He wants hugs and interaction with us. There's no substitute for family, and the Medically Dependent Children's program lets us be one."

Meet Michael

Texans With Disabilities by Age Group FY 1991

Total = 1,894,000



group will present its recommendations to the Texas Board of Human Services in January 1992.

During fiscal year 1991, OSPD staff took the lead in using Medicaid waivers to develop the following new community-based services:

■ **CLASS** program. The Health Care Finance Administration (HCFA) approved a waiver request effective Feb. 1, 1991, for people who have developmental disabilities other than mental retardation. The Community

Living Assistance and Support Services (CLASS) program will serve 722 people with developmental disabilities through Jan. 31, 1994. The program provides case management; respite care, nursing, and psychological services; physical and occupational therapy; speech pathology; adaptive aids; and minor home modifications.

■ **OBRA-targeted waiver program.** OSPD staff developed an OBRA-targeted waiver program request to provide new home- and community-based services to people with disabilities who require specialized services and have been inappropriately placed in nursing facilities. This Medicaid waiver program will provide community services as alternatives to nursing facility care for approximately 975 people with mental retardation and related conditions. The waiver was submitted to HCFA in July 1991 with a proposed start-up date of Oct. 1, 1991.

■ **Bienvivir waiver project.** Staff developed a Medicaid waiver request to allow Bienvivir Senior Health Services in El Paso to participate in a national demonstration project. The waiver will provide Medicaid and Medicare matching funds for comprehensive acute care and community support services as alternatives to nursing facility care for 300 people with disabilities age 55 or older.

■ **Community Supported Living Arrangements (CSLA) application.** OSPD staff also developed an application for CSLA, created by Congress through OBRA 1990. This new optional Medicaid service for people with mental retardation and related conditions was available for implementation in two to eight states effective Oct. 1, 1991, based on a competitive application process. If approved, the Texas program would serve 710 children with severe developmental disabilities in Nueces County.

Other OSPD activities included:

- Coordination of Services for Children with Disabilities (CSCD) project. The primary goal of this demonstration project, which is funded by a federal grant, is to develop a coordinated service delivery system that is responsive to the care needs of infants and children with disabilities and their families.

This year the work group focused on developing a comprehensive resource directory listing all services, with eligibility criteria, that DHS offers to infants and children with disabilities and their families. The directory will be available in the fall of 1991 to DHS staff, parents of children with disabilities, other state agencies, and advocacy groups. In fiscal year 1992, staff will focus on interagency coordination and make recommendations to DHS executive staff.

- Disability awareness projects. Staff conducted various disability awareness projects for DHS staff and providers, including training developed through cooperation with the DHS Civil Rights Office on the Americans with Disabilities Act (ADA) and tips on how to work with people with disabilities and their families.

- Transition Planning for Students Enrolled in Special Education. Transition services help students enrolled in special education programs prepare for life outside the public school system. These services help students with disabilities live in their communities, engage in work and other meaningful activities, access appropriate support services, and participate in satisfying social relationships. DHS participates in transition planning by providing information on its services. Child Protective Services staff help develop individual transition plans for children in DHS conservatorship.

Community Care

the number of people receiving community-based services grew significantly in fiscal year 1991. An average of 64,837 people per month received community-based services, an increase of 7,364 people per month over the previous year. This growth was the result of several demographic and social trends, including:

- the growing number of older people in the population;
- continuing advances in technology, which enable people with severe disabilities to live longer and receive care in their communities; and
- increasing political activism by people with disabilities who prefer community-based services to institutionalization.

Community Care programs at DHS provide a broad array of supportive services to help people of all ages live in their communities instead of institutions. Most services are offered in the person's home. These services range from meals and attendant care to nursing, therapies, and training in life skills. Other programs,

such as Adult Foster Care and Residential Care, offer people places to live in their communities.

In general, to qualify for services, a person must meet financial criteria similar to those for nursing home care and need help performing routine activities such as bathing, dressing, preparing meals, eating, or going to the bathroom. Medicaid-funded community programs also require that the person have a medical need for services. Community Care services must be cost effective—that is, they must provide care for the same or less money than the same care would cost in an institution. Services are delivered by contracted providers in the community. Case management, an integral part of community care, may be provided by regional DHS staff or, in most waiver programs, contracted providers.

The largest Community Care programs, Primary Home Care and Family Care, offer people up to 30 hours per week of assistance with the activities of daily living. Assistance is provided by attendants who are employed by home health agencies. More than 56,611 people statewide now receive these services through almost 200 provider agency contracts.

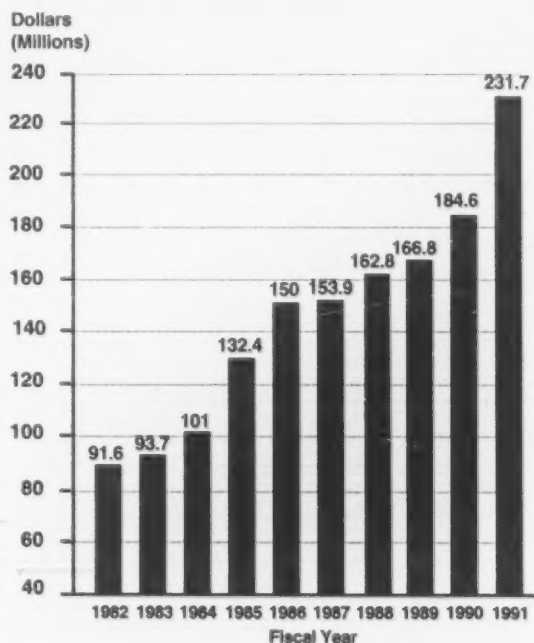
The Client Managed Attendant Care program provides attendant services but lets the people receiving services hire their attendants and direct their own care. This empowers people with disabilities and tailors the delivery of care to individual clients' needs and desires. The program is available in 16 counties.

Congregate and Home-delivered Meals serve hot, nutritionally balanced meals to adults in central locations or in people's homes.

The Emergency Response System offers an electronic monitoring system for adults who are isolated or living alone. The client presses a call button to signal for help. Staff at a base station then alert a volunteer who has agreed to check on the person.

Day Activity and Health Services provides personal care, nursing,

Community Care Expenditures FY 1982-91



physical rehabilitative services, meals, and transportation at licensed facilities throughout the state, which are open 10 hours a day, five days a week. The program continues to grow rapidly. In fiscal year 1991, it expanded from 51 to 85 facilities.

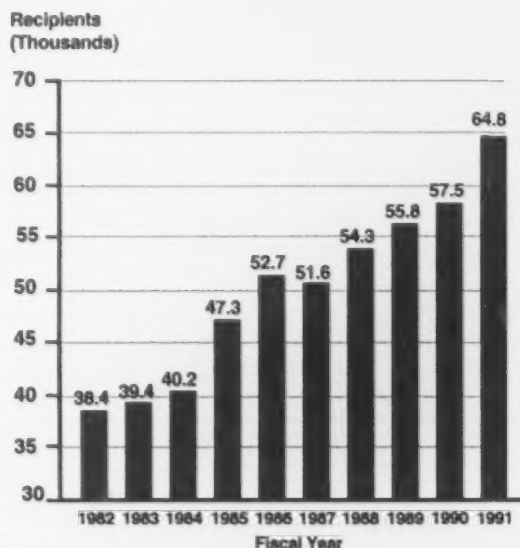
Residential Care services include room, meals, 24-hour supervision, personal care, social and recreational activities, home management, escort services, and transportation. Residents live in a variety of settings from apartments to converted nursing facilities.

Adult Foster Care offers a home-like atmosphere, supervision, and assistance with daily activities. The person pays for his or her own room and board, while DHS pays the caregiver for personal care and supervision. Care may be provided in family homes serving up to four adults or in licensed group homes serving five to eight people.

The Tel-assistance program helps elderly people with disabilities pay their telephone bills through a fund established by the Public Utilities Commission.

Special Services to Handicapped Adults provides counseling, personal care, and help with developing independent living skills.

Community Care Recipients per Month FY 1982-91



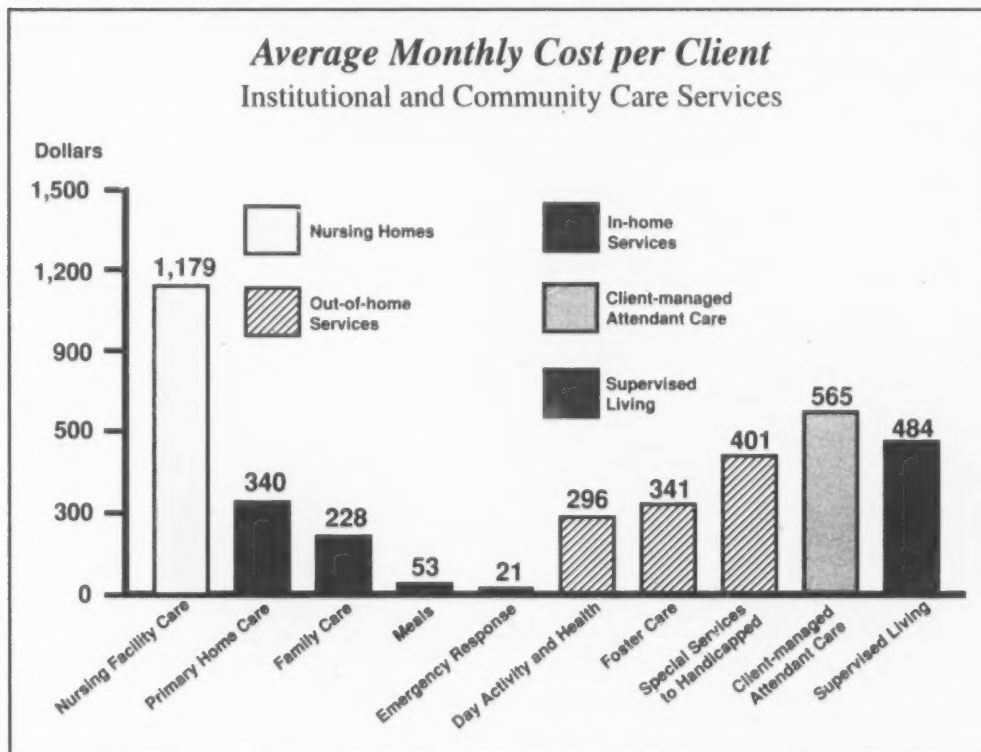
The In-home and Family Support program began in 1988 as a pilot project with funds from DHS and the Texas Planning Council for Developmental Disabilities. Now statewide, the program empowers people with disabilities to select and purchase services or supplies with cash subsidies of up to \$3,600 per year. In addition, they may also receive one-time subsidies of up to \$3,600 for architectural modifications or purchases of major equipment. There is no income limit for this program, but people with income over 105 percent of the state's median income pay part of the cost of the items purchased.

Community Care programs are funded by federal block grants, state funds appropriated by the Legislature and Medicaid (a mixture of 64 percent federal and 36

percent state matching funds). Medicaid is becoming a more significant source of funding for community care as DHS staff develop and expand programs that use federal matching dollars. The Primary Home Care program in Texas, for example, is the second largest Medicaid-funded attendant-care program in the country.

During fiscal year 1991, DHS expanded existing Medicaid waiver programs while pursuing new waiver programs for people with disabilities. Waivers allow the state to implement innovative programs using federally matched Medicaid money. Waiver programs can be created to fit the special needs of certain groups and may include services not normally eligible for federal Medicaid dollars, such as home modifications. Waiver programs provide individually tailored, flexible service plans, so people with severe disabilities can live, work, and play in their communities instead of being confined to institutions.

The Community Living Assistance and Support Services (CLASS) waiver, implemented in February 1991, was the result of a collaboration between DHS and advocacy groups for people with disabilities. CLASS provides a comprehensive array of community-based services including respite, nursing, psychological services, physical therapy, occupational therapy, speech therapy, adaptive aids and supplies, and minor home modifications. Case management is an integral part of the CLASS program. The case manager, who is independent from the providers of other



CLASS services, advocates for the person with a disability and helps the person define and achieve personal goals using CLASS services and other community resources as support. During fiscal year 1991, CLASS operated in Tarrant and Travis counties. As many as nine counties in six new catchment areas of the state will be added during the next fiscal year.

During this fiscal year, other community-based waivers continued to grow. The Home and Community-based Services (HCS) waiver now assists almost 800 people with mental retardation in 91 counties across Texas. Operated in cooperation with TXMHMR, HCS is currently the largest community-based Medicaid waiver program in Texas.

The Medically Dependent Children's waiver program serves families throughout the state who care for their medically fragile children at home, providing nursing and respite care to ease the caregivers' burdens. Under an agreement recently negotiated with the federal government, the program can now serve a maximum of 517 children statewide, instead of 120.

DHS staff are in the process of requesting two additional waivers, which, if approved by the federal government, will become effective during the next fiscal year. The Program of All-inclusive Care for the Elderly (PACE) waiver is a national demonstration project providing comprehensive care, equipment, and services for frail elderly people who would otherwise need to live in nursing homes. The PACE program will provide all of the services a client needs for a monthly per capita charge to Medicaid and Medicare that is less expensive than what care would cost if the person were not enrolled in PACE. To ensure quality care, the program includes intensive medical and social case management by a team of health and social work professionals. PACE will have one test site in Texas, Bien-vivir Senior Health Services, in El Paso.

The OBRA-targeted waiver will also become effective during the next fiscal year. If approved, this waiver will provide an array of community-based services to people with mental retardation or other developmental disabilities who are now living in nursing homes that are not designed to serve their special needs. This waiver, which is based on a provision of OBRA 1987, eventually will serve as many as 900 people statewide.

To serve the growing numbers of people who require community-based assistance, DHS staff worked to obtain and maintain federal funding in the face of continued cuts. For example, in July 1991, the federal government terminated the Intermediate Care Facility II (ICF II) waiver, which provided federal matching funds for attendant care services to 5,000 elderly and disabled people across the state. DHS staff prepared information that persuaded Congress to support other federal funding so Texas could continue to serve these individuals.

Institutional Care

Nursing Facilities

eligible clients who need daily nursing care in an institution may receive nursing facility services through DHS. The agency reimburses nursing facilities for the care they give Medicaid clients, basing payments on the level of effort necessary to adequately care for the clients.

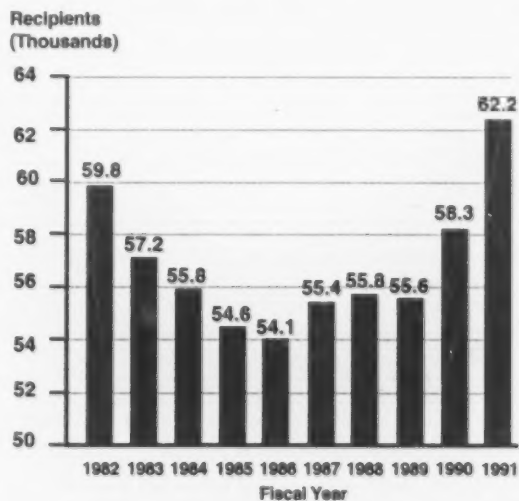
During fiscal year 1991, an average of 62,167 people per day received care at an annual cost of \$879.4 million. The previous year, an average of 58,338 clients per day received care at an annual cost of \$658.2 million.

In the past year, the Nursing Facilities program underwent numerous changes mandated by OBRA 1987, which became effective Oct. 1, 1990. One major change was the Pre-admission Screening and Annual Resident Review (PASARR) requirement. Everyone seeking entry into nursing facilities must be prescreened to identify individuals who have mental illness, mental retardation, or a related condition; who require specialized services for their mental or physical conditions; or for whom nursing facilities are not appropriate compared to other settings. In addition, people who already reside in nursing facilities are required to be screened on an annual basis to prevent inappropriate placement of individuals who need specialized services.

One of the more significant changes that OBRA 1987 required was the establishment of financial penalties for nursing facilities that do not meet federal requirements. OBRA 1987 also required coverage of emergency dental services for Medicaid clients in certified nursing facilities. The expense for fiscal year 1991 was \$320,000.

Another change required all nurse aides to complete an 80-hour training program and pass an evaluation to ensure competency. Nurse aides who pass the test are placed on a registry maintained by TDH. The state reimburses up to \$200 for the training of each nurse aide.

***Long-term Institutional Care
Recipients per Month
FY 1982-91***



Since 1980, Medicaid clients in nursing facilities have been eligible for rehabilitative services through the Goal-directed Therapy System, which provides physical therapy, occupational therapy, and speech and language pathology services. During fiscal year 1991, an estimated monthly average of 1,200 client visits were made at a total cost of \$609,500.

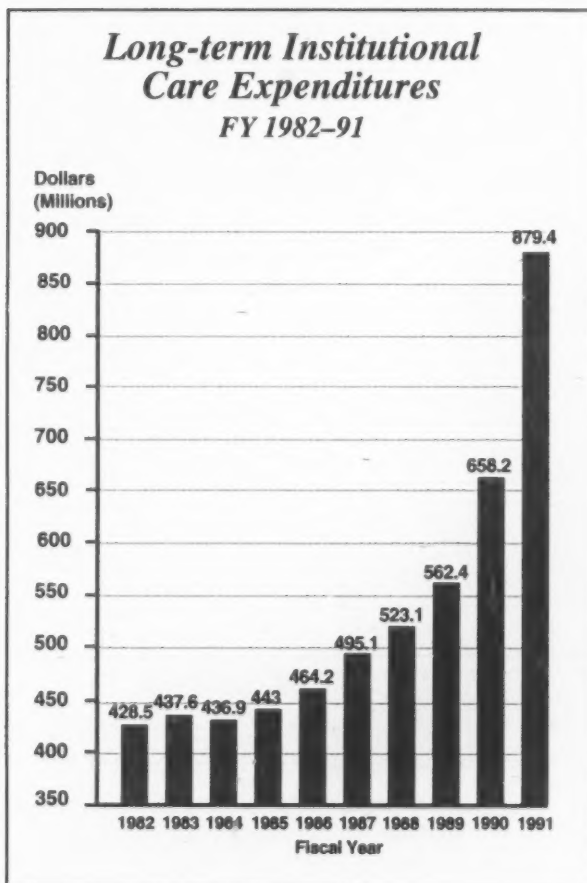
The Medicaid Swing Bed program allows rural hospitals in counties with populations of 100,000 or less to use some beds interchangeably for acute hospital services and nursing facility care when there are no nursing facility beds available in the area. Hospitals must be participating in the Medicare Swing Bed program and meet other criteria as well to be eligible to participate in the Medicaid Swing Bed program. There are currently 13 contracts with rural hospitals.

Intermediate Care Facilities for the Mentally Retarded

Institutional care and treatment for people with mental retardation or related condi-

tions are covered by the Intermediate Care Facilities for the Mentally Retarded (ICF-MR) program. ICF-MR benefits include room, board, and specialized services to help clients function as independently as possible. There are four levels of care provided in settings ranging from small group homes to large state schools.

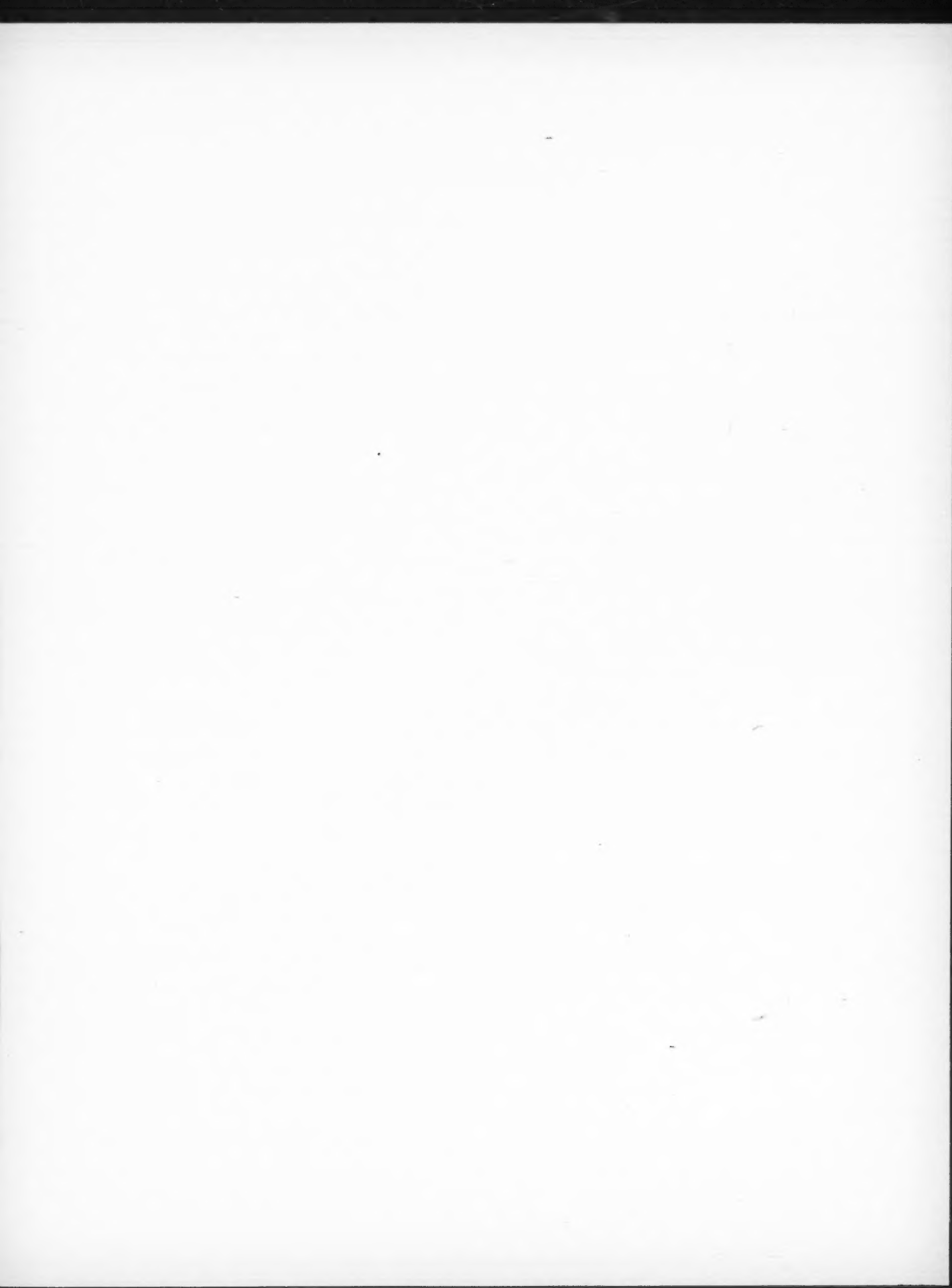
At present, the ICF-MR community-based program serves approximately 5,111 clients at an annual expense of \$125.8 million. Last year, the program served 4,672 clients at an annual expense of \$106.1 million. In addition, the state schools serve approximately 7,030 clients, generating \$222.6 million in federal funds as compared to 7,209 clients last year, generating \$209 million in federal funds. Reimbursement is provided in four ways: a flat rate system based on cost reports; a case mix pilot project; an exper-

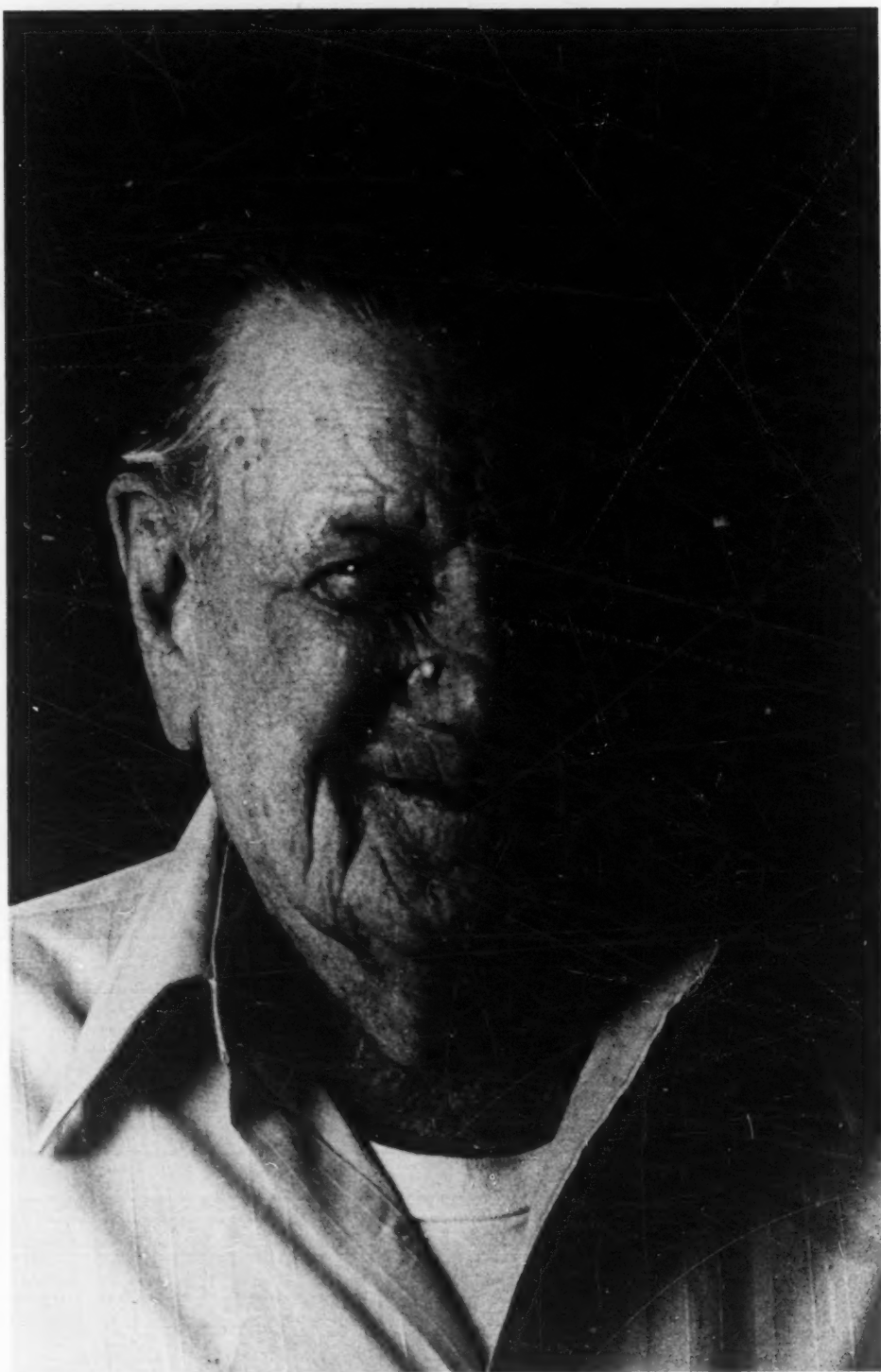


imental class for six-bed facilities; and an experimental class which is currently under development for related-conditions level of care.

Long-term Care Eligibility

The monthly income eligibility limit for Medicaid benefits for institutional care and for several community-based programs increased from \$1,158 to \$1,221 on Jan. 1, 1991.





Protective Services



Protective Services

Protective Services for Families and Children includes Child Protective Services, the Family Violence program, and Services to Runaways and At-risk Youth. All three programs focus on helping individuals and families who are dealing with conflict; however, each program serves a specific population.

The Child Protective Services (CPS) program is mandated by state law to protect children from abuse and neglect in their families and homes. This program's clients include both the children and their families when the children have been or are at substantial risk of being victims of child abuse or neglect, as defined in the Texas Family Code. Services are provided by staff and contract providers.

The Family Violence program seeks to reduce and prevent domestic violence by providing appropriate services for victims. The majority of clients are battered women and their children, and services are provided through contracts with shelter centers.

The third program, Services to Runaways and At-risk Youth, contracts with providers to offer counseling services to runaways and their families, as well as emergency shelter for youths in extremely severe or volatile situations.

Child Protective Services

Childhood should be a time of carefree play, laughter, and love—a time to learn, grow, and enjoy. But that's not so for far too many children. Every year, thousands of Texas children suffer from abuse or neglect at the hands of their parents or other family or household members. Often, the situation is brought to light only through the concern of a neighbor, family member, teacher, or someone else.

The Texas Family Code requires anyone who suspects that a child is being abused or neglected to report the situation to DHS or a local law enforcement agency. The CPS program receives and investigates these reports and provides appropriate services to children and families.

This fiscal year, the CPS program investigated 90,601 reports of suspected child abuse and neglect. This is an increase of 10.1 percent over the 82,308 reports investigated in fiscal year 1990. Even with this increase, these reports represent only

*d*eanna was sexually abused by both her father and her older brother by the time she was 12. Parental rights were terminated, and she was put up for adoption. Her caseworker said, "Deanna's biggest concern was being able to take her horse, Misty, with her."

Deanna lived in a group home for just over a year before a match was made. The family who wanted to adopt her lived in the country and could accept the idea of her bringing a horse, but they didn't have a barn. Word spread around the community, and when their neighbors and friends heard about Deanna's homeless horse, they all gathered for an old-fashioned barn raising. The party was a warm welcome for Deanna and Misty.

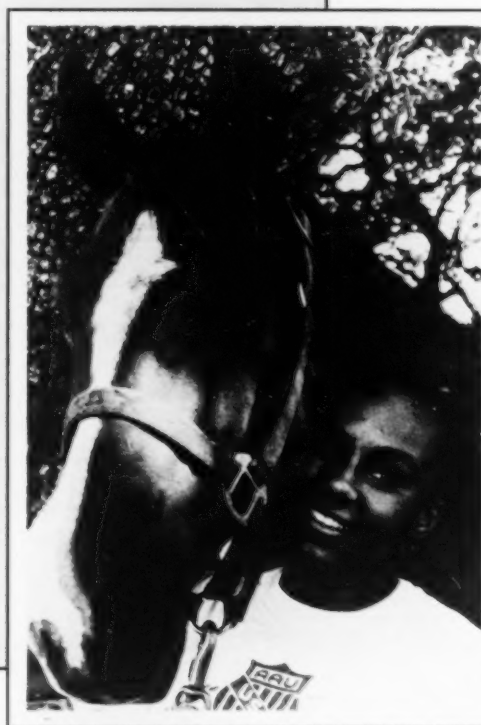
Meanwhile, the adoptive mother, Lila Jefferson, had been on a waiting list for a kidney transplant. The day after Deanna moved in to become part of the Jefferson family, a doctor summoned Lila for surgery.

Looking back on that experience, Deanna, who is now 18, said, "I was a little leery of being alone with my new dad while mom was in the hospital. But our time alone together taught me that some men can be trusted."

With the emotional support of a loving family, Deanna blossomed into a vibrant young woman. The summer after her junior year of high school, she went to the inner city of Chicago to work with tenants of a low-income housing project, where she learned the satisfaction that comes with helping others.

This year, Deanna graduated from high school and cosmetology school, and she got a job as a hair stylist in her hometown.

"I feel real lucky that somebody took a chance on me and Misty," she said.



Meet Deanna

a small portion of the total problem. It is estimated that 8½ percent of Texas children are at risk of abuse or neglect; this was approximately 430,588 children during fiscal year 1991.

Besides receiving and investigating reports of child abuse and neglect, CPS program staff also provide services to families and children in their own homes, place children in substitute care, develop and maintain foster homes, offer a Preparation for Adult Living program for teen-agers in foster care, and provide adoption and post-adoption services. When a child is abused or neglected by a family member or in the home, the CPS program intervenes to protect the child. Staff try to help the family become safe for the child, so the child may remain in or return to the home. If the family is unable to make necessary changes for the child to be safe, staff strive to find a permanent home for the child through adoption or another alternative placement.

Reports of child abuse and neglect are received by local CPS staff or through the 24-hour, statewide, toll-free abuse hotline. When a report is received, it is assigned a priority based on the severity of alleged harm and the immediacy of alleged danger to the child. The priority determines how quickly an investigation is begun. If a report involves an immediate threat of serious physical harm or death to a child, the investigation begins as soon as possible, and definitely within 24 hours. All other investigations begin within 10 days. It is crucial that the person reporting the situation give as much information as possible so CPS staff can accurately assess the danger to the child.

If an investigation indicates the need for continuing protective services, and it appears that the child's safety can be maintained at home, DHS or other community resources may offer a variety of services to the family. In-home protective services are designed to help prevent the recurrence of child abuse or neglect, as well as the trauma the child would experience if removed from the home. Working together, the caseworker and family develop a service plan that focuses on strengthening the family's ability to provide a safe environment for the child. The program does not attempt to meet all the family's needs. The focus is on helping resolve the problems that led to abuse or neglect, so the child may remain safely with the family. Services may include protective day

Child Abuse and Neglect Reports Investigated by CPS FY 1982-91



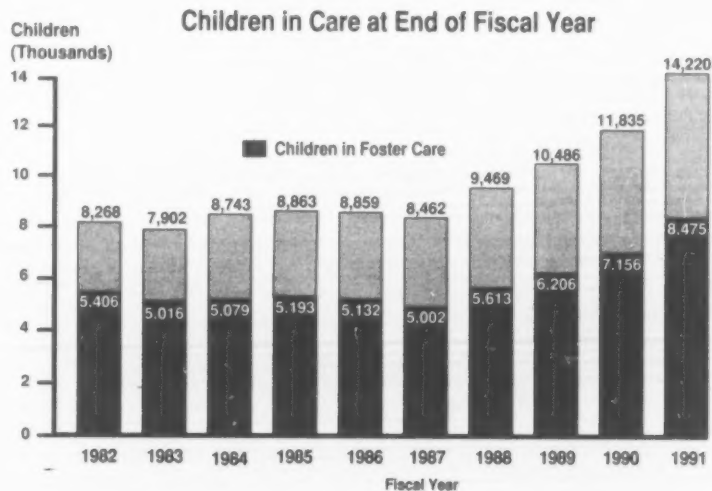
care, emergency homemaker services, parent-aide services, and community treatment services. When it appears that the child will be safe without CPS supervision, the case is closed.

When a child's safety is seriously endangered by remaining at home, the court may temporarily place the child in foster care. As with in-home services, the caseworker and the family jointly develop a service plan, and the same types of services may be offered. The goal is to help the family become safe so the child can return home.

As the number of investigated reports has increased, so has the number of children in foster care. At the end of fiscal year 1987, there were 5,002 children in foster care. Since then, the number has steadily increased, and by the end of fiscal year 1990, 7,156 children were in foster care. By the end of fiscal year 1991, the number rose even higher to 8,475, an increase of 18.4 percent over last fiscal year.

Unfortunately, the number of available foster homes and other substitute care facilities has not kept pace. This means that foster families are often caring for the maximum number of children they can accommodate and they frequently have little time between one child leaving and another arriving. These factors add to the stress of caring for children with varied and numerous needs. Also, the resources available are not always equipped to meet a child's particular needs and ensure the success of the placement. Because of this, a child may be in several foster care families before returning home or being placed in permanent alternative care. CPS staff

***Children in Legal Responsibility of DHS
Including Children in Foster Care Placement
FY 1982-91***



are striving to increase the number of families who are able to care for children who have disabilities or medical or other special needs; improve the matching of children and families; and enhance the skills of foster care providers.

During fiscal year 1991, the program conducted a comprehensive campaign to recruit both foster and adoptive families for children with disabilities. A second recruitment campaign focusing on older children is in progress throughout the state.

A preservice mutual assessment program, which consists of 10 sessions, is in place for foster and adoptive parents. The prospective parents learn about the impact that a background of abuse or neglect has on a child. Staff help prospective parents assess their abilities to provide for such a child's needs and to work effectively with the program to meet those needs.

While the majority of children in foster care return to their parents or relatives, it is not always possible for families to resolve their problems so their children can live with them safely. When a court terminates parental rights, CPS adoption staff seek a permanent adoptive home for the child. Most of the abused or neglected children waiting for adoption have special problems and needs. They are often older; have emotional, mental, or physical difficulties; are of a racial minority group; or need to be placed with one or more brothers or sisters. During the fiscal year, the agency placed 660 children in adoptive homes.

The CPS program works in a variety of ways to increase the possibilities of adoption for these children. Adoption subsidies are available to help adoptive parents with expenses related to placement and maintenance of special needs children. The subsidies, which are provided from either federal or state funds depending upon the eligibility of the child, include medical coverage. CPS also purchases adoption services from private agencies and operates the Texas Adoption Resource Exchange to increase the pool of prospective adoptive families. This year Nuestros Niños, a federally funded project aimed at increasing the number of Hispanic adoptive homes for Hispanic children, enabled staff to develop public service announcements (PSAs) for television. Designed to recruit more families, the PSAs feature heartwarming comments from current foster and adoptive parents.

Post-adoption services are designed to support family functioning by helping all of the adoptive family members deal with the periodic and ongoing adjustments to adoption; treating the effects of abuse in the adopted child's background; and preventing removal of the child from the adoptive family setting. These services are available if DHS served as the managing conservator or provided adoption assistance benefits for the adopted child before the adoption was consummated. Services are provided through contracts with qualified agencies and individuals. Every immediate member of the adoptive family qualifies for therapy services. Parents can access peer support groups and parenting training classes. In extreme situations, the adoptive child may qualify for placement in a therapeutic residential treatment facility for up to a year to deal with behavioral and emotional problems. Post-adoption services were provided to 2,134 people during fiscal year 1991.

For some children in foster care, neither returning home nor adoption is feasible. These children remain in long-term foster care until they gain their legal independence at age 18. Few adolescents are prepared to completely support themselves when they reach the age of 18, and these youths are no exception. The Preparation for Adult Living (PAL) program was developed to help these older adolescents prepare for the future. During fiscal year 1991, 1,552 youths participated in the PAL program. Services include assessment of how prepared the teen-agers are to live on their own; independent living skills training; group and individual counseling; sex education; money management; vocational assessment and training; GED or college preparation courses; and other services aimed at preparing teen-agers for responsible adulthood. The PAL program provides support and encouragement to these youths, who come from abusive homes and have no family connections. In a very real way, PAL services offer them skills, knowledge, and perhaps most importantly, the self-esteem to make it on their own.

Clearly, CPS is a complex, multifaceted program striving to meet the needs of a variety of children and families. To meet those needs, staff continued to work on two major initiatives this year—a risk-based service delivery system and a design to automate the CPS program. Staff evaluated the pilot project and are using the findings to design a risk-based service delivery system that addresses the specifics of the Texas CPS program. Such a system will provide a structured, comprehensive approach for staff to use in assessing families for the risk of child abuse or neglect. Automating the program will enhance staff's ability to record pertinent information, make referrals, document cases as required by state and federal law, and manage staff and other resources most effectively.

Staff also continued to work on development of an optimization model for the program. This model uses an automated analysis process to help determine the best approach to service delivery through managing for results. The model links outcomes to program planning, performance, and budgeting.

Another initiative in the planning stage is statewide, centralized intake. People throughout the state will be able to call one toll-free number to make reports of suspected child abuse or neglect. Centralized intake should result in greater consistency in deciding which reports to accept for investigation and what priority to assign to them. Implementation is expected during fiscal year 1993.

A CPS Training Institute is being developed through cooperation with the four Texas universities that have graduate programs in social work. This institute will increase and enhance the training opportunities available to all levels of program staff.

The CPS program purchases services for clients from a variety of providers. To make the process more efficient and responsive to clients' needs, staff are revising and updating policies related to contract services.

These are some of the initiatives under way to make CPS a more efficient and effective program. Staff are continually striving for program improvements that will

enhance their abilities to make positive differences in the lives of the children and families they serve.

Family Violence Program

Most people are appalled and frightened by crime in the streets. Some even stay in after dark and lock their doors. But for some, the fear follows them into their own homes, behind those closed doors. In 1991, 411,340 women were physically or sexually abused by their husbands or partners. For 78,155 women, this nightmare recurred at least once a week.

Spouse abuse is the major cause of injury among women who seek medical treatment. It is a more common cause of injury to women than automobile accidents, muggings, and rapes combined. Spouse abuse can be deadly. Thirty percent of the women who are murdered in this country are killed by their husbands or boyfriends.

Family violence, also called domestic violence, spouse abuse, woman battering, and wife beating, can involve pushing, punching, slapping, choking, forced sexual activity, threats and use of weapons, and confinement by tying or locking the woman up.

Physical violence is almost always accompanied by psychological abuse, which many battered women say is even more devastating and degrading and can take longer to heal than physical wounds. While battered women go to doctors, clinics, and hospitals to heal the physical wounds, they need the support of family violence shelters to heal the emotional wounds. Battered women usually become strong survivors. With support and resources, many of these women create new and safe lives for themselves and their children.

In fiscal year 1991, DHS contracted with 56 family violence shelter centers serving 142 counties throughout Texas. Services to victims of family violence include shelter, transportation, legal assistance, medical care, educational arrangements for the children, and employment assistance. Shelter center staff also work actively with local law enforcement and criminal justice officials so they can better serve and protect the victims. This fiscal year, family violence contractors sheltered 25,997 women and children and provided services without shelters to an additional 11,504 women.

The family violence shelter centers that contracted with DHS in fiscal year 1991 received an average of 28 percent of their total operating budgets from DHS. The rest of their funding came from United Way, city and county governments, community fund-raisers, and grants from private foundations. Family violence shelter centers use a variety of in-kind contributions and rely heavily on volunteers. This year, volunteer hours accounted for an equivalent of 310 full-time staff positions valued at \$2,700,828.

Services to Runaways and At-risk Youth

Running away from home is sometimes romanticized in literature and folklore. *The Adventures of Huckleberry Finn*, for example, depicts the excitement and adventure of running away. And it is not uncommon to hear elderly men boast about leaving home at early ages and making it on their own. While these stories spark the imagination, they do not reflect today's reality.

Youths on the streets today are in danger. They are easy prey for people who will exploit them to make money. Fourteen- and 15-year-olds on the streets cannot find legitimate employment that pays enough for them to make it on their own.

The typical runaway in the 1990s is not running *to* excitement and freedom, but *from* family conflicts and potential abuse. The Services to Runaways and At-risk Youth program was developed to address the needs of youths who have left their homes or are at risk of running away, youths who are having problems with truancy, and families who have so much conflict and disharmony that abuse may occur without intervention.

A youth or family in conflict may call one of 28 contractors across the state to ask for assistance. A staff member from the contract agency meets with the family to try to resolve their conflicts. If they are successful, the youth returns home with the family, and follow-up counseling is available for the individual and family. If the conflict is not sufficiently resolved to ensure the youth's safety, the contractor provides temporary residential care in an emergency shelter or foster home.

The program expended \$3.5 million for fiscal year 1991. Crisis intervention followed by appropriate counseling services was provided for 5,293 youths, and an additional 1,405 youths received emergency residential care.

Adult Protective Services

In Adult Protective Services (APS), the face of the future is growing older. The population of elderly people is growing rapidly; over the next 10 years, the number of people age 85 and older is expected to increase by 50 percent. In this age group, the incidence of dementia rises precipitously, and the need for protection is often acute. And with advances in medicine, infants born with disabling conditions are reaching maturity and living longer than ever before, adding their numbers to the population of adults who are most vulnerable to maltreatment.

Other societal factors, such as the lack of alternatives for people who are removed from institutions, the high cost of health care, shortages in affordable housing, pathological family relationships, the tolerance of violence as a coping mechanism,

and the stress of caregiving, contribute to abuse, neglect, and exploitation of elderly and disabled adults.

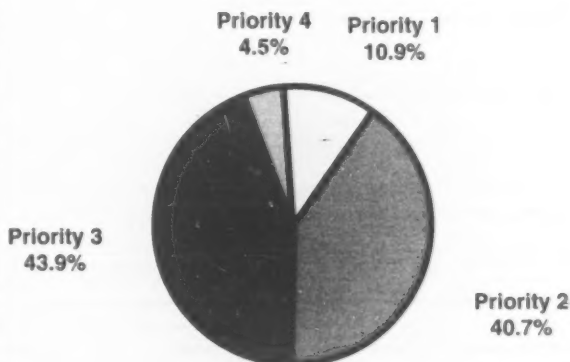
The number of adults who need protective services is expected to rise in proportion to the growing number of incapacitated people in the general population. Conservative estimates indicate that services reach fewer than 20 percent of the actual victims in Texas.

Client Profile

APS clients are either 65 or older or 18 or older with disabilities. The typical client is functionally impaired—physically, mentally, or both. The individual is isolated, lacks an able caregiver, and is impoverished. Frequently, substance abuse or mental illness plays a role in the family dynamics, and often, a dependent adult is a member of the household. In many cases, the situation involves an elderly person caring for an even older family member. The phenomenon of the old caring for the “old-old,” and vice versa, will become increasingly common as the baby-boomers age.

Although many APS cases involve identifiable perpetrators mistreating vulnerable adults, the majority are based on the neglect of incapacitated adults who have no one willing or able to care for them. Almost two-thirds of the cases involve more than one type of maltreatment. In cases where there is an identified perpetrator, the person is most often a member of the immediate family. Mental health problems and chemical dependency may be contributing factors in these cases. A little more than half of the cases investigated are categorized as high priority; that is, the victim is in serious harm and needs immediate protection.

Adult Protective Services Cases by Priority FY 1991



Priority 1: Immediate danger of death or serious harm

Priority 2: Nature of abuse puts victim at risk of serious harm

Priority 3: Not resulting in serious harm

Priority 4: Less serious, e.g. financial exploitation

When Aaron Nobles died, he left his entire estate to his wife Emily, who was 82. Emily's son, Greg, could not accept that his wealthy stepfather had left him out of the will.

Greg offered to help his mother and moved into her home. Under the guise of "cleaning out junk," he threw out her mementos and precious antiques. He donated her clothes to the Salvation Army, promising to buy her a whole new wardrobe. But he told her friends that she had ripped all her clothes to shreds and said that he might have to take steps to become her legal guardian.

Although Emily was alert and lucid, Greg told her friends she was not receiving visitors because of poor health. He had her phone disconnected so she wouldn't be "bothered" by anybody. He installed a new phone with an unlisted number in his room, but wouldn't let her use it and kept the door locked when he was away.

Greg told his mother that her friends thought she was losing her mind. He laughed at her, called her stupid, and said that in her condition, she was lucky to have anyone to help her at all. Convinced that her friends had abandoned her, she changed her will at his behest.

One night, Emily had chest pains and asked her son for help. He said she was just having indigestion and refused to call a doctor. Emily escaped from the house and was hospitalized for a heart attack.

After she came home, Greg went out one evening, and Emily awoke to the smell of gas. The pilot light was out on the kitchen stove, and all the knobs were turned on.

Acting on a neighbor's report, an Adult Protective Services worker got a court order to enter the home, accompanied by police. They found Emily locked in her room without any food. When Greg threatened violence, the worker removed Emily to an emergency shelter. Later, the worker arranged for Emily to see an attorney so she could revise her will.

In time, Emily did become incapacitated. Now, she has a court-appointed guardian who watches over her care in an adult foster home.



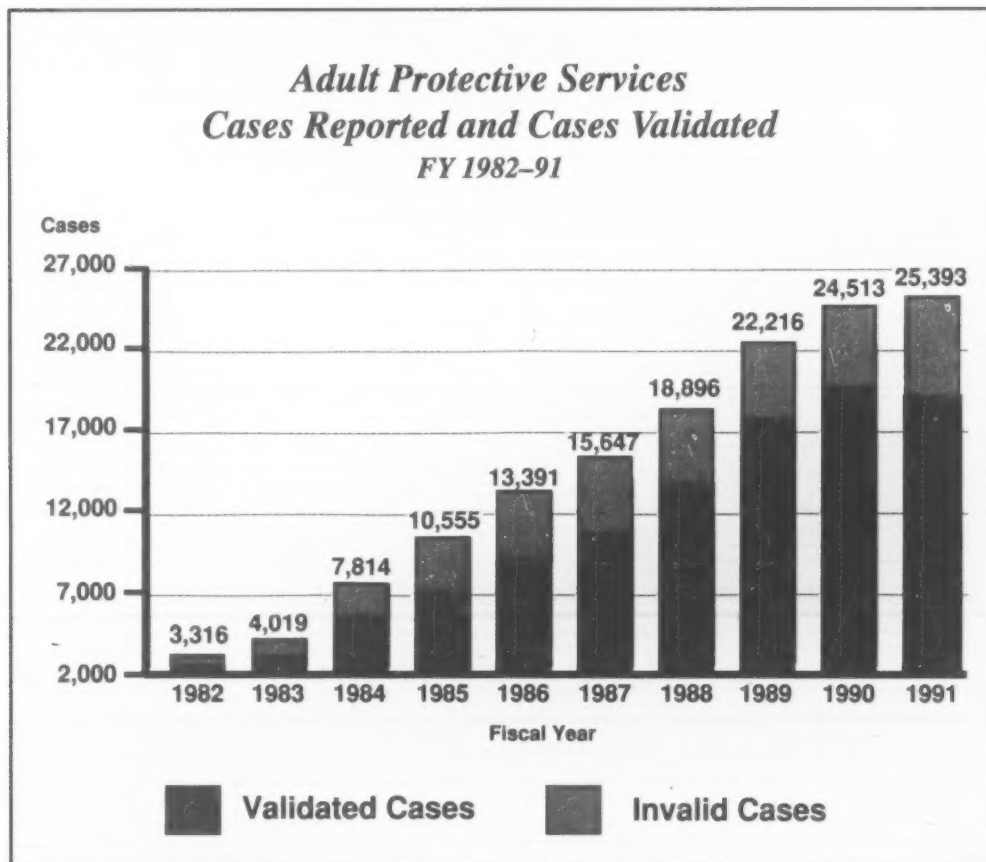
Meet Emily

Basic Premises

Problem resolution in APS is client-focused, individualized, and social-work oriented, in contrast to a prosecutorial or law enforcement approach. The client is presumed to be mentally competent unless proven otherwise. The client therefore exercises the right of self-determination and participates in planning services. Self-determination includes the right to refuse services, as long as the person has the capacity to understand the situation and the consequences of his or her actions. It is the program's policy to use the least restrictive alternative in solving clients' problems, allowing for more intrusive measures only as a last resort.

Statutory Base

Texas law mandates reporting suspected maltreatment to DHS and authorizes DHS to investigate and provide protective services. Legal remedies available to APS staff include orders for forcible entry when access to the alleged victim is denied,



orders for emergency protective services if the individual is in a life-threatening situation and lacks the capacity to consent to services, and injunctions against anyone interfering with voluntary protective services.

Texas law also makes state agencies responsible for investigating reports of abuse, neglect, or exploitation allegedly occurring in facilities that are regulated by state agencies. DHS is further responsible for:

- reviewing investigations in facilities operated by other state agencies;
- accepting and re-investigating complaints about other agencies' investigations; and
- reporting annually to the governor, Legislature, state agencies, and advocacy groups on the incidence of abuse and trends and systemic problems identified in state-regulated facilities.

Service Delivery

The APS program shares a 24-hour toll-free hotline with the Child Protective Services and Family Violence programs. APS staff investigate reports of maltreatment of vulnerable adults living in private homes, unlicensed facilities, nursing homes, and personal care homes throughout the state. In an emergency, the client is seen within 24 hours. If the case is valid, staff provide or arrange for assistance, which may include social casework, emergency shelter or an alternative living arrangement, in-home care, court orders, respite for caregivers, financial management, emergency medical care, substance abuse treatment, counseling or psychiatric care, emergency purchase of medication, restoration of utilities, minor renovations to make homes safer or more accessible, or information and referral. Staff also may seek or assist with mental health orders or guardianships.

The Year in Review

While thousands of cases still go unreported, the report rate is increasing each year. In fiscal year 1982, APS staff investigated 3,316 reports of abuse, neglect, and exploitation, in contrast to the 25,393 reports that were received and investigated in fiscal year 1991. In more than 80 percent of the investigations in fiscal year 1990, the elderly or disabled person was found to be in need of protective services. In fiscal year 1991, this rate continued, with 20,258 valid cases.

In fiscal year 1990, the average monthly caseload statewide was 6,988. In fiscal year 1991, the statewide caseload averaged 8,525 monthly. Workload studies and experience show that the optimum caseload should not exceed 24 cases per worker, yet due to budgetary constraints, the current caseload is nearly double that which can be handled effectively.

Each year, APS staff at central office review a representative sample of investigative reports from state agencies that regulate facilities. In fiscal year 1991, staff drew a sample from a total of 3,869 investigations conducted by the Texas Department of Mental Health and Mental Retardation (TXMHMR) and 11,897 investigations conducted by the Texas Department of Health (TDH). In addition, staff received and investigated 34 complaints about other agencies' investigations and findings.

Fiscal year 1991 marked the first full year for which information was available from the Adult Protective Services System, a data base that came on-line in mid-1990. The system not only expands tracking of client demographics and case characteristics, but also captures information about reporters and perpetrators, timeframes related to case processes (such as the duration of investigations), case outcomes, and services provided.

Two regions implemented pilot projects during fiscal year 1991. The Lubbock Region began testing the use of specialized APS workers to serve as clients' guardians. The Houston Region collaborated with the Communication Services division to solicit financial backing from the private sector for an APS public awareness project in Galveston County.

Looking Ahead

An informal survey of field staff revealed several program needs and resource gaps. Staff reported significant difficulties in:

- accessing services for people who are mentally ill, especially those who are homeless;
- finding alternative placements for victims in unlicensed board-and-care settings;
- locating pro bono attorneys and people willing to serve as guardians for incapacitated clients;
- accessing services for "borderline" mentally retarded people;
- obtaining long-term care for brain-injured people and illegal immigrants who are totally incapacitated (but not in medical emergencies) and lack family, friends, or resources in the United States;
- helping clients find resources to pay for prescription medications;
- overcoming barriers presented by new federal regulations when clients need emergency placements in nursing facilities; and
- surmounting barriers related to confidentiality when trying to gather the information needed to conduct investigations or provide services to clients of other state agencies.

Legislation passed in fiscal year 1991 will move the APS program to a new agency, the Department of Protective and Regulatory Services, on or before Sept. 1, 1993. The Child Protective Services and Licensing departments at DHS and functions of other state agencies related to abuse investigations will also transfer to the new agency. This will provide an opportunity to unify, simplify, and strengthen the delivery of protective services in Texas.

Licensing Department

the Licensing department protects the health, safety, and well-being of Texas children in out-of-home care by regulating day-care centers and other group day-care facilities; registered family homes; residential child-care facilities, such as emergency shelters and residential treatment centers; and child-placing agencies, which arrange for adoptions and foster care. The Licensing department also certifies social workers and licenses administrators of child-care institutions.

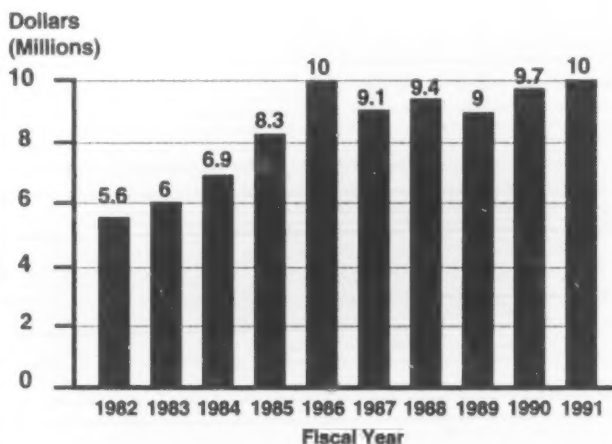
The licensing staff's approach to regulation is based on the concept of partnership. They share the same basic goals and objectives as child-care providers, parents, child protective specialists, and others who are responsible for children—good, safe care that enhances the growth of Texas children. When everyone works together, each person is able to do part of the job better, and children in care benefit.

Licensing staff use training, public awareness, automation, and policy development, including the establishment of minimum standards, to achieve their objectives. A major milestone during fiscal year 1991 was forging an alliance with the largest bank in Texas to inform the general public about registered family homes and their advantages and limitations as a child-care option. A 20-member panel of caregivers, regulators, marketing specialists, parents, and child-care advocates generated ideas and developed a marketing analysis for the statewide campaign. Licensing staff approached executives at the bank, and the management responded by directing its advertising department to design a comprehensive marketing strategy for the public information campaign. In addition, many child-care advocacy

groups, churches, and other organizations from around the state plan to contribute their time and resources to ensuring a successful campaign.

Day-care providers, child development professionals, child advocates, and early childhood education specialists have historically been involved in developing and revising minimum standards for day-care facilities. During fiscal year 1991, 21 forums were held across the state to discuss proposed changes to day-care standards. Close to 1,000 participants attended,

**Child-care Licensing Expenditures
FY 1982-91**



most of whom were child-care providers and child advocates.

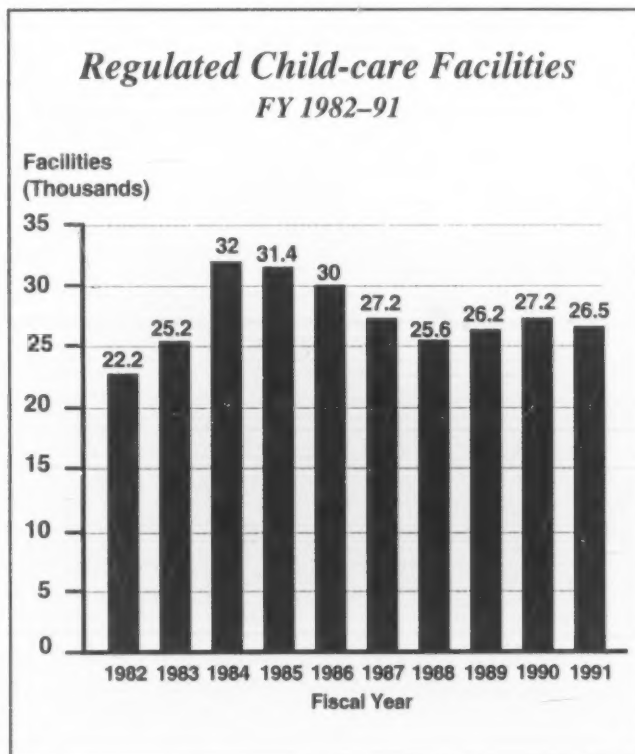
Fiscal year 1991 also marked the beginning of a massive effort to involve parents in the process of developing day-care standards. In August 1991, five focus groups, each consisting of five to 10 parents of children enrolled in day-care centers, met to discuss not only what the minimum standards should be, but the roles of parents, day-care centers, and the state in ensuring the welfare and safety of the children in care. Licensing staff also conducted interviews with parents who could not make it to the group sessions. The information gathered at these sessions laid the groundwork for more intensive efforts to involve parents in the day-care standards revision process during fiscal year 1992.

New minimum standards for registered family homes became effective in July 1990, and Project CHERISH continued throughout fiscal year 1991. Project CHERISH — which stands for Children in Home Environments: Regulation to Improve Safety and Health — was funded by a federal grant that enabled licensing staff to visit a 20-percent random sample of the registered family homes in Texas. They gathered base-line data about compliance with minimum standards, provided technical assistance, and helped plan the public awareness campaign.

Licensing staff who monitor registered family homes are placed in selected homes for two-week internships or practicums as part of their on-the-job training. These placements have proved to be valuable to department staff by increasing their sensitivity and understanding of child-care providers' concerns. In fiscal year 1991, licensing staff also re-evaluated and improved monitoring practices and incorporated automation more fully into program operations.

Licensing staff investigated 6,809 complaints against day-care facilities and registered family homes in fiscal year 1991, 0.5 percent more than in fiscal year 1990. Specialized day-care investigators handled a total of 449 reports of alleged child abuse or neglect.

At the end of the fiscal year, there were 7,513 licensed



day-care facilities in Texas with a capacity of 539,165 children and 14,143 registered family homes caring for an estimated 84,858 children. These numbers reflect a 5.5 increase in licensed day-care facilities and a 5.3 percent decrease in registered family homes.

In residential child-care licensing, an ad hoc work group of birth parents, adoptive parents, and representatives of public and private child-placing agencies, worked with staff to recommend revisions to the minimum standards for child-placing agencies. Their draft was distributed to child-placing agencies and other interested parties across the state for comment. The Licensing department received almost 200 sets of comments, and staff identified critical issues, where opinions were sharply divided. At issue were adoption reimbursement fees, qualifications and training for foster parents, and the qualifications (including experience, specialized training, and academic degrees) for staff who make child-placing decisions. A series of eight forums were held across the state, and 222 people participated. Early in fiscal year 1992, staff and members of the ad hoc work group will analyze the results from the forum discussions and develop a new draft to be presented to the Texas Board of Human Services.

In fiscal year 1991, a pilot project in residential child-care licensing laid the groundwork for the entire staff to start using lap-top computers. Staff who used these computers in the pilot project will spearhead training for the rest of the staff and share software applications that were developed during the project.

Residential child-care licensing staff initiated an internal audit this year to re-evaluate the entire regulatory framework for monitoring practices. Their objective is to improve services within the context of available resources. The re-examination is designed to help ensure that:

- staff are evaluating the right things to better protect children;
- licensing activities support, not hinder, licensed facilities in achieving their missions; and
- there is a balance between the process and the results.

At the end of fiscal year 1991, there were 5,546 licensed or certified 24-hour facilities in Texas caring for about 23,914 children, a 4.4 percent increase over last year. Staff investigated 676 complaints and serious incidents this fiscal year, 20.3 percent less than last year; 151 of these involved allegations of abuse or neglect and were handled by specialized licensing investigators.

During fiscal year 1991, staff and advisory committee members reviewed all of the rules for social work certification. Staff also planned and prepared for the 10th Anniversary Social Work Certification Conference, to be held during the first week of fiscal year 1992. DHS issued 1,591 certifications for social work practitioners in fiscal year 1991, bringing the total number of social work practitioners certified in Texas to 10,564.

This year staff took the final steps toward developing a new administrators licensing examination. They expect to begin using the examination during the first half of fiscal year 1992. DHS issued 116 new licenses to administrators of child-care institutions during fiscal year 1991. A total of 818 administrators were licensed by the end of the year.

The administrators licensing and social work certification programs are financed completely through licensing and certification fees. In fiscal year 1991, DHS spent about \$10 million to regulate day care and residential child care for about 647,937 children, an increase of 2.8 percent over fiscal year 1990. Licensing staff collected \$1,327,829 in licensing fees and conducted 115,333 criminal history checks during this fiscal year.

Children's Trust Fund

the Children's Trust Fund of Texas (CTF) was established in 1985 to provide financial support for community efforts to prevent child abuse and neglect. Prevention is efficient and cost-effective. Community programs, along with education and public awareness, encourage all citizens to be advocates for Texas children.

Policy and administrative direction are determined by the nine-member CTF Council appointed by the governor. DHS provided administrative support until July 1, 1991, when CTF made the transition to state agency status, as mandated by the 72nd Legislature.

A \$12.50 share of each marriage license fee paid in Texas provides revenue for the dedicated Children's Trust Fund and CTF Council operating fund. The total for fiscal year 1991 was approximately \$2,425,816. To ensure a continuing resource for future programs to prevent abuse or neglect, only a portion of the total is available for the operating fund. The balance is left to earn interest. All of the funding must be used for prevention, not treatment. In fiscal year 1991, additional income came from the federal challenge grant program and individual contributors.

Contracts with 36 prevention programs across the state were renewed for a second year, with \$944,781 in grants. Projects may request funds for three years. For this second year of the grant period, they had to secure 20 percent of their operating costs from local community organizations and individuals. Local support totaled approximately \$408,256. The requirement for local matching funds promotes community initiatives and enables successful programs to continue with local sponsorship when CTF funding ends.

The contributions of volunteers are a critical component of program success. Volunteers donated about 49,760 hours to the projects, representing a dollar value of \$200,533, based on minimum wage.

The projects focused on prevention of child abuse and neglect in parenting, the priority set by the CTF Council for this three-year funding cycle. The categories included adolescent parents; first-time parents; single parents; and parents in the work place and latchkey children.

CTF staff monitored the projects to ensure compliance with program criteria and standards for accounting and evaluation. A seminar was held in September 1990 to help projects meet these standards and to give project staff technical assistance. CTF staff conducted on-site visits to monitor the projects.

In fiscal year 1991, Partners for Parenting, a cooperative effort with the Texas Agricultural Extension Service, continued to strengthen families and reduce child abuse by educating parents and developing parenting coalitions. Although the project ended March 31, 1991, a curriculum library of parenting materials developed by the project is available through county extension agents.

In partnership with the Sam Houston Area Boy Scouts of America, CTF continued to support a volunteer training program on prevention of child abuse and neglect. The program, serving 16 counties in the Houston area, used the Youth Protection Series to train more than 3,000 community members and printed brochures and billboards to promote public awareness of the need to prevent child abuse.

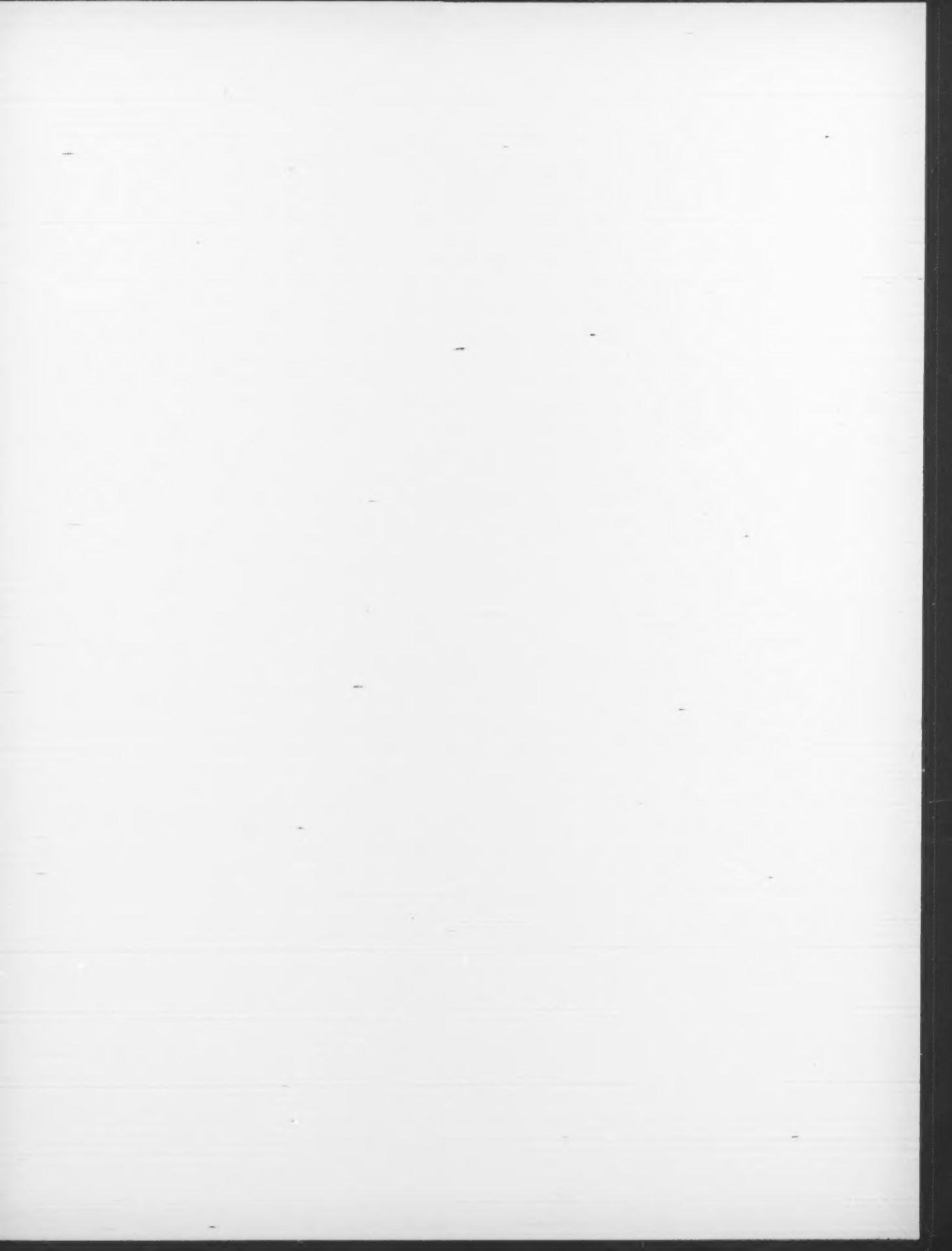
The Steps Ahead project is a cooperative effort with the Texas State Troopers Association and the Texas Medical Association to help communities build frameworks for change to ensure promising futures for all Texas children. In one city, a citizens' task force chose to use the teen parenting model, Community of Caring. The task forces in three other cities chose the Home Instruction Program for Preschool Youngsters. Program services begin at the start of fiscal year 1992.

Three other collaborative projects continued during fiscal year 1991. The Rio Grande Council Boy Scouts of America Outreach Project focused on strengthening parenting and family skills, leadership, and participation among Hispanics. Two other Boy Scout Councils, the Yucca Council in El Paso and the Alamo Area Council in San Antonio, received grants for the Outreach Project and will begin in fiscal year 1992. Funding the Austin Child Care Connection resulted in publishing a parenting column, "Children's Connection," in the *Austin American-Statesman*, with syndication to other newspapers in Texas. Through a cooperative project with the Texas Association of School Boards, Practical Parent Education programs began in five school districts in the Rio Grande Valley. In total, CTF-funded projects provided services to approximately 59,000 children and 24,500 families.

In October 1990, CTF received a grant from ACTION, the federal volunteer agency, to place Volunteers in Service to America (VISTA) volunteers in CTF programs. The volunteer's role is to mobilize resources and increase the community's capacity to solve its own problems. Plans are under way to develop a volunteer management system and a grantwriting and fund-raising component. This

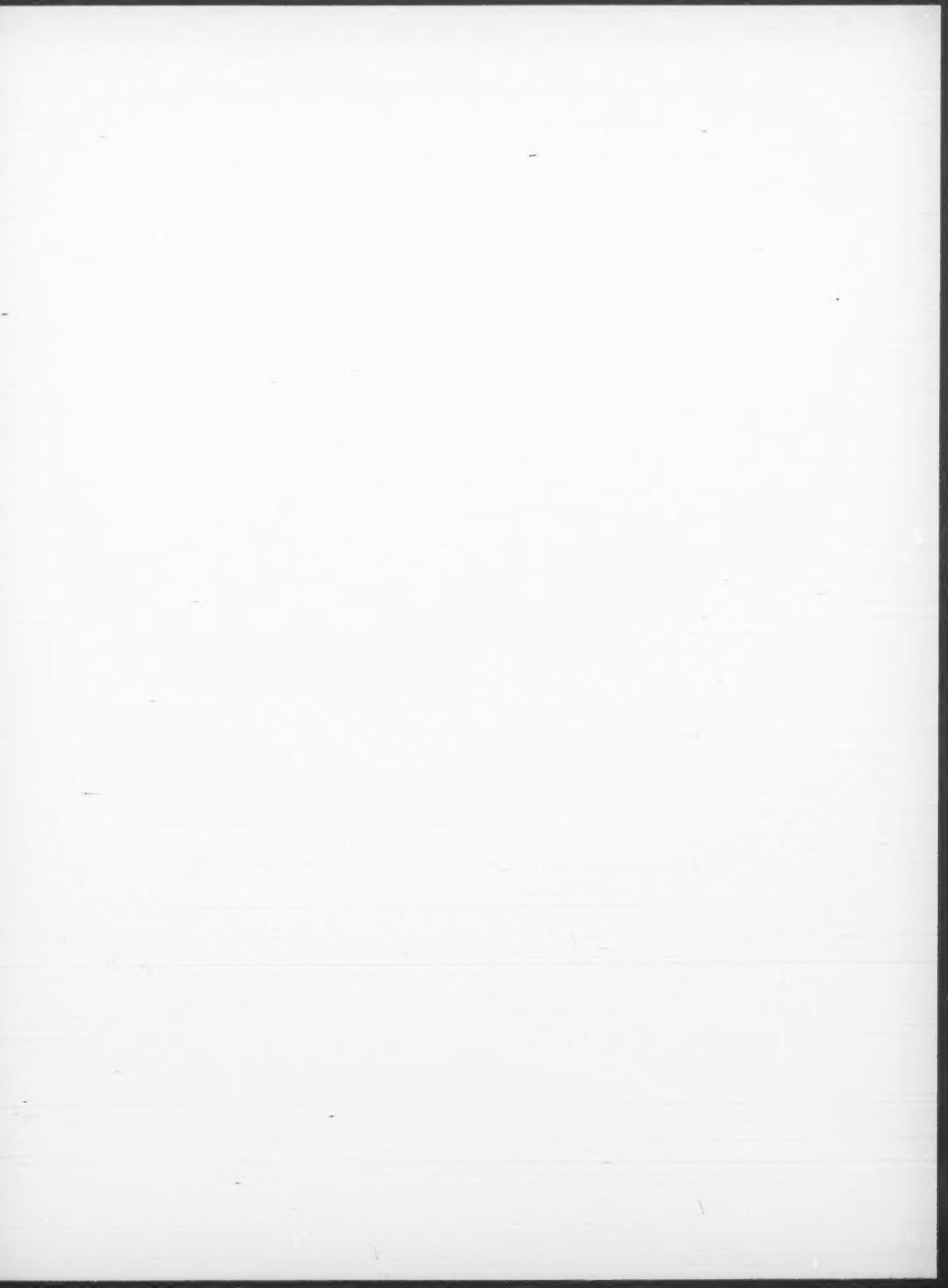
statewide effort has provided about 27 volunteers for 10 projects, as well as the CTF state office.

Increasing public awareness of child abuse and neglect and ways to prevent it continued to be a priority during fiscal year 1991. Activities included Children's Day at the Capitol in April in observance of Child Abuse Prevention Month; CTF exhibits at statewide conferences and conventions; and publication and distribution of the CTF annual report, as well as brochures in English and Spanish on the dangers of shaking babies and young children. The quarterly publication, *Child Advocate Forum*, included articles on preventing child abuse and neglect and also covered other child advocacy issues.





Administration



Administration

in fiscal year 1991, DHS provided services to more than 2 million Texans. The year's budget was \$5.6 billion, and the staff numbered about 17,200. The agency disbursed, in state and federal dollars, approximately \$7.7 billion, including the value of food stamps and distributed food. A significant portion of that total, or \$5.6 billion, came from federal sources.

Nearly 92 percent of the budget goes for direct client benefits such as food stamps, commodities, grants, and purchased services. These funds augment city and county budgets and flow directly into Texas communities. About 4.7 percent of the budget pays for direct delivery staff, primarily child protective workers and those who determine eligibility for AFDC, food stamps, and Medicaid. Of the total budget, the agency spent only 2.1 percent on all administrative functions.

Administrative Services

the Administrative Services department is the agency's centralized source of information and referral services, records management, mail distribution, printing services, policy and document support, and library services.

Information and Referral

Information and referral staff respond to inquiries from clients, legislators, or anyone who has a question about DHS. Questions range from eligibility issues to requests for assistance. In fiscal year 1991, staff responded to more than 15,000 pieces of correspondence and answered more than 134,000 telephone calls, a 12 percent increase over fiscal year 1990.

Records Management

Records management staff are responsible for creating, retaining, and disposing of records in a structured, cost-effective way. In fiscal year 1991, staff microfilmed more than 10 million documents, stored more than 21,000 boxes of records and 4,940 rolls of microfilm, and disposed of more than 35,000 boxes of records, 165 of which were sent to the Texas State Library for archiving or destruction.

DHS staff track every adoption petition filed in Texas; more than 147,600 adoptions were in the tracking index at the end of fiscal year 1991. Staff also maintain closed adoption records from defunct child-placing agencies and release non-confidential information to adoptees.

The agency also administers the Voluntary Adoption Registry, which allows for reunification of adoptees and their biological relatives under certain circumstances. There are 355 registrants on file, and five reunions have taken place since the law went into effect in 1984.

Additionally, DHS tracks the court of continuing jurisdiction for every child in the state who is involved in a suit affecting the parent-child relationship. In fiscal year 1991, there were 947,582 of them.

Mail Distribution

The central mail distribution center in Austin processed more than 1.6 million pieces of mail and more than 25 million pages of computer reports in fiscal year 1991. To obtain the lowest possible postage rates, DHS contracts for pre-sort mail services. A new contract for pre-sort services was established in 1991, which saved the agency approximately 34 percent over pre-sort expenses in fiscal year 1990. In addition, staff negotiated a discount on overnight mail services that was 40 percent below the published rate.

Printing Services

The agency's printing operations produced more than 3 million impressions of agency forms, publications, and policy and training manuals. In April 1991, Printing Services won third place in the National In-plant Printing Competition in the Business Forms, Labels, and Tags category. Printing staff enforce production control policies, limiting production to materials needed for delivering services to clients or agency administration.

Policy and Document Support

Policy and Document Support links policy developers, field staff, providers, and clients to produce and communicate policies, translate documents, and design forms. In fiscal year 1991, staff kept the Office of the Secretary of State up to date on approximately 3,000 DHS rules; maintained 42 agency handbooks; distributed 252 handbook revisions totaling 8,210 pages of policy material; and included 36

informational communiques with benefits sent to more than 9 million clients.

Library Services

The central office library offers staff a wide range of services, including reference assistance, on-line literature searches, and interlibrary loans. Holdings include approximately 1,000 audio-visual tapes, 149 magazine and journal subscriptions, 7,500 books, and 1,300 agency documents. The library also houses the Nutrition Education and Training (NET) library, which loans materials from its 3,300-volume nutrition collection to anyone in the state. Day-care staff, teachers, and food service personnel were among the people who borrowed videos and printed materials from NET in fiscal year 1991.

Business Services

business support operations were streamlined in fiscal year 1991 to provide staff the most efficient service possible. Business Services includes four areas: facilities management and leasing, materials management, purchasing, and telecommunications.

Facilities Management and Leasing

In fiscal year 1991, facilities management and leasing staff worked with regional staff in business operations to standardize lease specifications and office maintenance procedures, promote employee safety programs, develop an energy management plan, manage renovation funds, and develop staff training and inspection checklists for architectural barrier standards. In addition, facilities staff helped regional business operations staff negotiate office space issues between the regions, building owners, and the State Purchasing and General Services Commission (SP&GSC).

State office and regional safety officers and coordinators trained about 3,000 staff and inspected offices using a newly developed checklist. The attorney general presented an award to the agency's safety director for promoting occupational safety and employee health.

In fiscal year 1991, an automated system was developed to track occupied office space and dates of occupancy. The agency currently occupies more than 3,325,000 square feet of leased space and more than 579,000 square feet of free space, totaling about 169,500 more square feet than in fiscal year 1990.

Facilities and leasing staff designed and implemented a master move plan to enhance productivity. The plan involved reconfiguration of approximately 32,000 square feet of space and moving 150 staff at central office. The process of handling requests for reconfiguration of modular furniture was fine-tuned and transferred to the Facility Management and Leasing section.

The agency's energy plan was developed in January 1991, in compliance with recent legislation. DHS was among 17 state agencies and universities whose energy management plans were reviewed by the State Auditor, under contract with the Governor's Energy Office. DHS staff are in the process of implementing some of the recommendations made in the audit.

Material Management

In February 1991, the Material Management section began using bar code technology in the capital inventory system. Programming for the agency's mainframe system, lap-top computers, and bar code equipment was completed in July 1991. Inventory management staff and regional pilot sites began using the system in August 1991. Regional implementation will be complete in early fiscal year 1992. In addition, staff, with the assistance of property custodians, continued to assign equipment to individual staff, increasing assignment rates from 82 percent to 93 percent.

The Operations Analysis Support Group conducted an efficiency study on distribution of office supplies during fiscal year 1991. They concluded that using agency trucks for distribution and retrieval was 3.7 times more cost effective than using common carriers.

The Service Center at central office contained costs for custodial services for the seventh consecutive year, and staff negotiated a \$50,000 reduction in the cost of security services, while allowing staff 24-hour access to the complex. Service Center staff also established a recycling contract for laser printer cartridges.

An automated system was developed to track building maintenance problems, response times, and how SP&GSC staff resolved the problems. The system monitors re-occurring maintenance problems and helps staff respond promptly. Staff also used an automated system to monitor issuance of consumable items kept in inventory.

Purchasing

In fiscal year 1991, the agency bought an automated purchasing system that will be installed in fiscal year 1992. It will track budget, cost, control, and management information and summarize state office and regional data. Staff processed 23.9 percent more purchase requisitions in fiscal year 1991 than during the previous year.

Telecommunications

During the fiscal year, DHS purchased \$3.6 million of telephone equipment to replace aging systems, open new offices, and accommodate more staff. The cost of the agency's 1-800 service was reduced to approximately 14 cents per minute by converting to AT&T Megacom, Masterline, and Readyline services and taking advantage of discounts offered through SP&GSC. The agency is now converting to a one-plus long distance service negotiated by SP&GSC.

Due to the growing influx of calls to the DHS abuse hotline, a 24-hour staff scheduling system is being used to measure the time, length, and volume of incoming calls and schedule staff accordingly. And to reduce the number of busy signals that clients get when calling the 1-800 hotlines for the Supplemental Security Income, food stamp, and Home Energy Assistance programs, the agency installed call-processing equipment.

A line was installed in Human Resources Services for recorded job announcements, giving callers access to employment information 24 hours a day. Callers can select categories of interest, such as professional, technical, or clerical listings.

Telecommunications staff developed a disaster preparedness plan for central office with plans for implementation during fiscal year 1992. The plan will allow the agency's headquarters to remain operational during a disaster such as a fire, cut cables, or a power failure.

Human Resource Services

human Resource Services developed a Cultural Diversity Awareness program in fiscal year 1991. Trainers presented it to more than 1,800 employees in 65 classes at the agency's headquarters and are now training regional staff. The program received favorable comments from advocacy groups such as the National Association for the Advancement of Colored People. It has gained the attention of 17 other state agencies and the City of Austin, many of which are now using the curriculum developed at DHS.

In fiscal year 1991, Human Resource Services staff revised the minimum qualifications for more than 200 of the most commonly filled job classifications at DHS, eliminating artificial barriers to hiring and promotions. They also revised the employee orientation program to help newly hired employees better understand the functions of the agency, adjust to their new work environments, and make informed decisions about their benefits options.

A career counseling and development program helps employees assess their skills, develop appropriate career goals and enroll in near-site community college classes. It also helps ensure that the agency has a well-trained, competent workforce. Human Resource Services staff coordinate career fairs and career planning workshops; identify college courses to be offered on-site; use a tracking system to help employees who request job transfers, job sharing, or job rotation within the agency; and attend college and community job fairs to recruit new staff.

DHS trainers developed a five-year plan for management development with core curricula and optional courses for three levels of management. The courses were selected after visiting 21 training directors in private industry as well as training staff in other state agencies and researching curricula already in place for management staff.

The agency is using a new system to evaluate the performance of supervisors and administrators. Field tested in San Antonio, the new system shifts greater responsibility for self-direction to the individual employee and improves communication between managers and staff.

In fiscal year 1991, the Employee Assistance Program (EAP) contract was awarded to a new provider, which delivers pre-paid, confidential, short-term counseling services through a statewide network of affiliates. The EAP program continues to be a popular benefit, with 8 percent of the agency's employees using the service.

The TexFlex program, which gives staff the option to pay for certain premiums and health- or dependent-care expenses with tax-free dollars, saved employees more than \$2 million in taxes and saved the agency \$700,000.

Two sessions of "Channels," a monthly talk show that is videotaped and distributed to staff statewide, focused on recent legislation affecting employee benefits, including changes in insurance provisions and enrollment deadlines. Human Resource Services staff also kept employees informed about their benefits through a variety of seminars and activities. They also promoted employees' health with cardio-pulmonary resuscitation classes, a panel on smoking cessation, and a variety of lunch-time seminars.

Management Information Systems

*a*s DHS faces the challenge of serving an ever growing number of people in need, the goal of Management Information Systems (MIS) is to provide quality automated systems and computer services that support the agency's mission. In the last year, MIS staff:

Gene Chase contracted polio when he was 12 years old and has used a wheelchair since 1951. This February, he volunteered to be one of the first participants in Community Living Assistance and Support Services (CLASS), a Medicaid-waiver program that helps people with developmental disabilities live at home.

Most of the barriers to Gene's independence were physical. The stairs to his home in a Fort Worth suburb kept him from leaving without assistance. Getting in and out of his van on a thin plywood ramp was such a perilous ordeal that he went out only six times a year to see his doctors. Because his bathtub and shower were inaccessible, he'd had only bed baths for 23 years.

A team from the rehabilitation agency handling Gene's case removed those barriers, one by one. They hired carpenters to install ramps at the front and back doors, replace sliding glass doors with swinging doors that Gene could open himself, and make other modifications for a more accessible home. They also installed a wheelchair lift on his van to do away with the make-shift ramp.

The first thing Gene did after the modifications was go out in his back yard and relish the sunlight. "I am no longer 'confined,'" he said. "I was able to enjoy a sunburn for the first time in years."

On Monday, May 27, 1991, Gene took a shower. "For the first time in 23 years, I got wet all over, even my hair," he said. "I had forgotten that my skin wrinkles when it gets wet. I didn't know until then just what I'd been missing."

With the van lift installed, Gene now gets out every day. He's been shopping, gone fishing ("didn't catch anything—didn't care"), and, for the first time, visited two of his sons and their families inside their homes.



Meet Gene

- printed 8,000,000 pages and sent out 1,758,000 pieces of mail monthly, including 820,000 Medicaid identification forms, 236,000 AFDC warrants, and 732,000 authorizations to participate in the food stamp program;
- kept more than 10,000 personal computers, 1,000 other computer terminals, and more than 400 local area networks running efficiently;
- handled more than 3,000 calls per month through the Customer Assistance Help Desk and more than 2,000 calls through the InfoCenter; and
- entered data for an average of 800,000 documents per month.

MIS staff are continually seeking new ways to deal with the backlog of software development requests, increasingly complex user requirements, aging systems, and sizeable investments in hardware and software. They work closely with program staff to assess current and future automation needs and respond with the best available technology.

In fiscal year 1991, MIS staff worked on a number of projects. For example, they:

- began to develop an executive information system, which will provide administrators with consistent, up-to-date management information and statistics;
- procured the Navigator development methodology, which standardizes the steps in software development, making modifications and enhancements easier;
- obtained computer-aided software engineering tools, which automate part of the development process, freeing staff to concentrate on analysis;
- developed a Child Protective Services pilot that improves automation capabilities for caseworkers so they can handle cases more efficiently;
- added enhancements to the automated systems used in Client Self-support Services, Health Care Services, Protective Services for Families and Children, and Operations Support;
- automated welfare reform projects;
- improved customer service by having business area analysts serve as liaisons between program staff and software developers;
- developed an automated system that Child Care Management Services contractors can use for intake, information and referral, and billing;
- evaluated and improved the Generic Worksheet application used to determine client eligibility for AFDC and food stamps;
- began initial development of a Medical Eligibility Worksheet application, which will automate the eligibility process for other programs;
- stabilized and enhanced the agency's computer network, fine-tuning communication between the mainframe at central office and personal computers in field offices throughout the state;
- upgraded the mainframe computer's processing and storage capacity so it will run faster and better; and
- started using robotics and square computer tapes to improve processing efficiency.

Fiscal Management Services

*f*iscal Management Services processes claims, makes payments, keeps accounts, and manages agency funds. The entire agency's annual operating budget for fiscal year 1991 exceeded \$5 billion in state, federal, and other funds. Staff processed and paid more than 4,319,000 claims this year. The agency issued \$1.7 billion in food stamp coupons and accounted for \$80.8 million worth of food donated by the U.S. Department of Agriculture.

To manage such a large budget and volume of claims while maintaining fiscal integrity, Fiscal Management Services employed 125 staff in fiscal year 1991. They handled negotiable instruments; processed and corrected claims; distributed vouchers and warrants; maintained the agency's accounting system; prepared financial statements and reports of federal funds disbursed; managed state and federal funds received by DHS; submitted payroll warrants; and maintained an inventory of the food stamps for which the agency is responsible.

Staff continued efforts to develop automated processes and made significant improvements to the automated accounting system. They also developed a module to estimate liabilities and encumbrances, which is targeted to be in place in fiscal year 1992. In addition, they streamlined the claims processing system.

Fraud Control

*i*n fiscal year 1991, the Investigation department in the Office of Inspector General (OIG) continued to improve the fraud prevention program. Staff investigated 3,813 cases, resulting in direct program savings of \$11,149,517. In addition, staff completed 13,318 investigations involving \$13.7 million in illegally obtained benefits. They obtained 2,417 court adjudications and processed another 6,066 cases through administrative disqualification hearings. The agency received restitution totalling \$5,755,412 in fiscal year 1991, which was a record amount.

When a court or hearings officer finds a client guilty of fraud, the client is required to forfeit future benefits, either on a temporary basis (ranging from six to 12 months), or permanently. The OIG Central Disqualification unit was established to impose such disqualifications for the entire state. In fiscal year 1991, disqualifications temporarily reduced benefits in 3,238 active cases, for a savings of \$1.97 million. In 22 cases, clients were permanently disqualified from receiving future benefits.

The OIG hired additional staff late in fiscal year 1990 to place greater emphasis on recoupment activities, expedited investigations, and fraud prevention investiga-

tions. All of the new employees exceeded estimates for initial productivity.

Field investigation units obtained access to important data bases in fiscal year 1991. By using computers and modems, investigators can now quickly get up-to-date information on vehicle registrations, address changes, and drivers license information.

During fiscal year 1991, 489 field audits and 3,041 provider cost reports noted \$52.2 million in unallowable costs. Questionable costs of less than 0.5 percent were noted in 763 compliance audits involving \$329.4 million in agency expenditures in the Client Self-support Services, Protective Services for Families and Children, and Health Care Services contracts. Additionally, staff conducted 444 reviews of single audit reports.

Staff audited the \$1.4 billion Medicaid contract with National Heritage Insurance Company (NHIC) for state fiscal year 1990 and have begun working on fiscal year 1991. This contract pays for medical services for an average of 1.2 million recipients per month. Audit findings related to the administrative costs of processing claims should result in NHIC returning approximately \$4.9 million in overcharges to DHS. Future savings will also arise from these findings.

Changing the time lag for auditing transactions from about 18 months to two months after they occur should help both contractors and DHS reduce their liability for exceptions. More timely review of the risk stabilization reserve, cash balances, claims payments, administrative costs, and caseloads is expected to help control the costs of services.

OIG worked with DHS media staff to produce a 20-minute videotape to increase employees' awareness of their roles in fraud prevention and accountability to DHS programs. The videotape will be particularly useful in orienting new DHS staff to the mission of OIG.

Advisory Committees

The agency began fiscal year 1991 with 13 advisory committees and ended the year with 16, consisting of 238 members. Two statutory committees were added—the Advisory Committee on Child-care Programs and the Sanctions and Penalties Advisory Committee—along with the Ethics Advisory Committee that was established at the direction of the Texas Board of Human Services.

The other statutorily required committees are Medical Care, Hospital Payment, Child-care Administrators and Facilities, Social Work Certification, Adolescent Pregnancy, and Post-Adoption. The other non-statutory committees are Child Protective, Aged and Disabled, Family Violence, Family Planning, Indigent Health

Care, Client Self-support, and Religious Community.

Two committees submitted reports to the 72nd Legislature. The Adolescent Pregnancy and Parenthood Advisory Council developed *Adolescent Pregnancy Prevention: Recommendations and Strategies*. As a follow-up to the report, the council is developing action plans to present at a statewide consensus-building summit on adolescent pregnancy.

The Post-Adoption Services Advisory Committee reported on implementation of the Post-adoption Services program and will continue to provide status reports on a biennial basis.

Advisors participated in the policy development process by reviewing and commenting on proposed rules and procedures. Advisors also played a key role in sharing information with groups they represent and bringing issues to the staff's attention.

Committees were involved in several initiatives, including development of training for judiciary and law enforcement personnel on the dynamics of family violence; a conference recognizing the 10th anniversary of social work certification; guidelines for completing court-ordered social studies; provider utilization reviews; electronic claims processing; and the development of Child Care Management Services.

Volunteer Services

every month, more than 17,000 volunteers help DHS clients and staff. In every program funded by DHS, staff and contractors rely on volunteers to help get the job done.

The profile of the typical volunteer is changing. No longer is it a housewife with time on her hands. Now, it is a young man with disabilities who is polishing his job skills, a busy executive, a student, a retired person, or the entire membership of a community organization who want to make a difference in somebody's life.

Volunteers can never be too young or too old to make a contribution. DHS volunteers come in all ages. Nursing home resident José Jover, 89, assembles case folders for Client Self-support Services. Melody Bashaw, 13, of Lindale assists with clerical duties in the local DHS office. In Austin, two neighboring day-care centers funded by DHS—one for adults and one for children—pair infants with elderly people in a mutually satisfying volunteer experience.

Some DHS programs are designed specifically to involve volunteers. Foster care, Meals on Wheels, medical transportation, and the Emergency Response System are good examples. In other programs, volunteers enhance services or fill the gaps in ser-

vice delivery by providing emergency food, home repairs, and school supplies, or by helping clients fill out forms or caring for clients' children in DHS waiting rooms.

Volunteers lighten the work load for staff. They help with clerical duties; case monitoring; transportation; research; fund-raising; entering data into computers; writing proposals, articles, and reports; and answering phones. Volunteer groups such as Sunday school classes "adopt" DHS caseworkers, thereby becoming partners in the efforts to meet the needs of families.

DHS has established more than 1,700 partnerships that provide services to clients through volunteers. The regions and central office have cooperative working agreements with virtually every kind of community group—civic, religious, military, corporate, non-profit, and philanthropic. During fiscal year 1991, Episcopal churchwomen, Jewish sisterhoods, banks, utility companies, grocery stores, a ladies quilting group, and a corps of policemen helped DHS clients.

Volunteers help shape the future. They serve as advisors and consultants to the agency. Local child welfare boards, advisory committees, and the six-member Texas Board of Human Services are all staffed by volunteers. Many planning groups and advocates donate thousands of hours each year to ensure a better future for Texans. Without volunteers, paid professionals might overlook obvious solutions or a more humane approach to a particular problem.

Texas will never have enough money or resources to provide for all of its needy citizens. DHS counts heavily on volunteers to help guide the agency and get the job done.



Commissioner's Report



Commissioner's Report

While fiscal year 1991 was marked by significant funding difficulties, it was also a year of considerable accomplishments. We implemented welfare reform, including the Job Opportunities and Basic Skills Training (JOBS) program, Aid to Families with Dependent Children (AFDC) for unemployed parents, and transitional health care and child care.

A new Child Care Management Services (CCMS) system was put in place to accommodate large increases in both the numbers of clients eligible for child-care services and participating providers. In a continuing emphasis on early health care, the income limits for Medicaid eligibility were raised for pregnant women and young children. The Office on Services to Persons with Disabilities mapped out plans to guide DHS staff in implementing the board's position statement on services for people with disabilities.

In the year ahead, we will continue to focus on programs and services to help people achieve independence. We know "quick fixes" won't resolve the significant health, educational, and employment barriers that many of our clients encounter on the road to self-sufficiency.

To head off future health problems among Texas children, Medicaid services will be extended to still more children and pregnant women during the coming year. In the Early and Periodic Screening, Diagnosis, and Treatment program, health screenings will be offered more frequently, and treatment will be available for more conditions identified during exams.

Our efforts in welfare reform will focus on getting more clients into the JOBS program and helping them achieve their employment goals. The new CCMS system will help even more Texas families access quality child care. Under a new block grant program, DHS will receive nearly \$67 million in federal funds in fiscal year 1992 to purchase day care for low-income children and improve the quality and availability of care.

In our efforts to better serve people with disabilities, we will search for ways to allot more of the agency's resources for home- and community-based services, rather than institutional care. This shift in philosophy makes a lot of sense. Because community-based services cost far less, we can serve more people. More importantly,

community services empower people with disabilities to live as independently as possible in their own homes and communities.

Although our agency's mission is to help people with some of life's most personal matters, we know that these intensely human services can often be provided most effectively through modern technology. And so, for some time, we have been exploring the possibility of harnessing technologies to transfer funds electronically for the delivery of clients' benefits. Known as Electronic Benefit Transfer (EBT), this initiative will be on a fast track in the coming year. In partnership with the state comptroller, the state treasurer, the Department of Information Resources, and others, we will work toward implementation of a system to deliver AFDC, food stamps, and Medicaid services through EBT, starting with a pilot in the summer of 1993. This is a huge project, but the potential benefits are enormous, as are the opportunities to expand EBT to other state services.

In the coming year, we will also be working to put the initial building blocks in place for a new, more effective health and human services system. In House Bill 7, which provides the blueprint for reorganizing health and human services, the Legislature directed that numerous tasks be accomplished in the next two years. Fortunately, we are not starting from scratch in this endeavor.

During the past year, staff from the current health and human services agencies worked together to develop joint goals and strategies to provide clients easier access to coordinated services. The Legislature incorporated those goals in the 1992-93 state budget for human services. An invaluable byproduct of the goal-setting process was molding new and stronger relationships among staff and programs that are now housed in separate agencies. These relationships should serve us well in the transition to a new organizational structure.

In framing House Bill 7, legislators adopted the *Texas Performance Review's* emphasis on improving access to services and directed that projects be carried out on integrated eligibility, co-location of services, and integration of data across programs. Here, too, DHS and other agencies will be building upon past and current initiatives in forging a more cohesive network of human services.

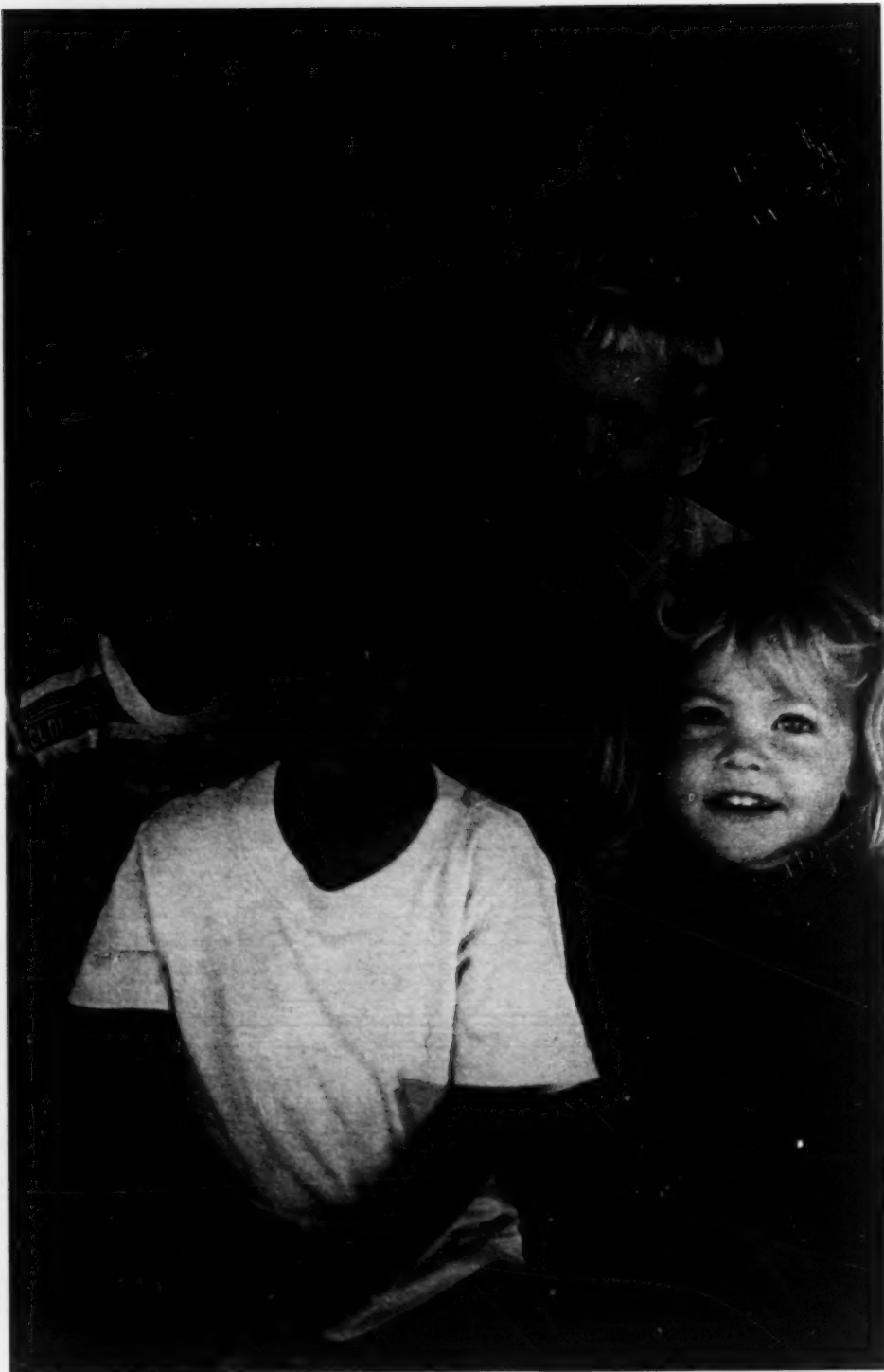
One of the most critical tasks in unifying services will be developing a consolidated health and human services budget request for 1994-95. The budget document will be prepared under the direction of the new health and human services commissioner and submitted to the 73rd Legislature, along with a strategic plan for coordinated health and human services.

In the year ahead, we will plan carefully to ensure a smooth transition when the Child Protective Services programs and staff move to a new Department of Protective and Regulatory Services on Sept. 1, 1992. We will also prepare for the changes that must take place after the new commissioner sets uniform regional boundaries for all health and human services agencies.

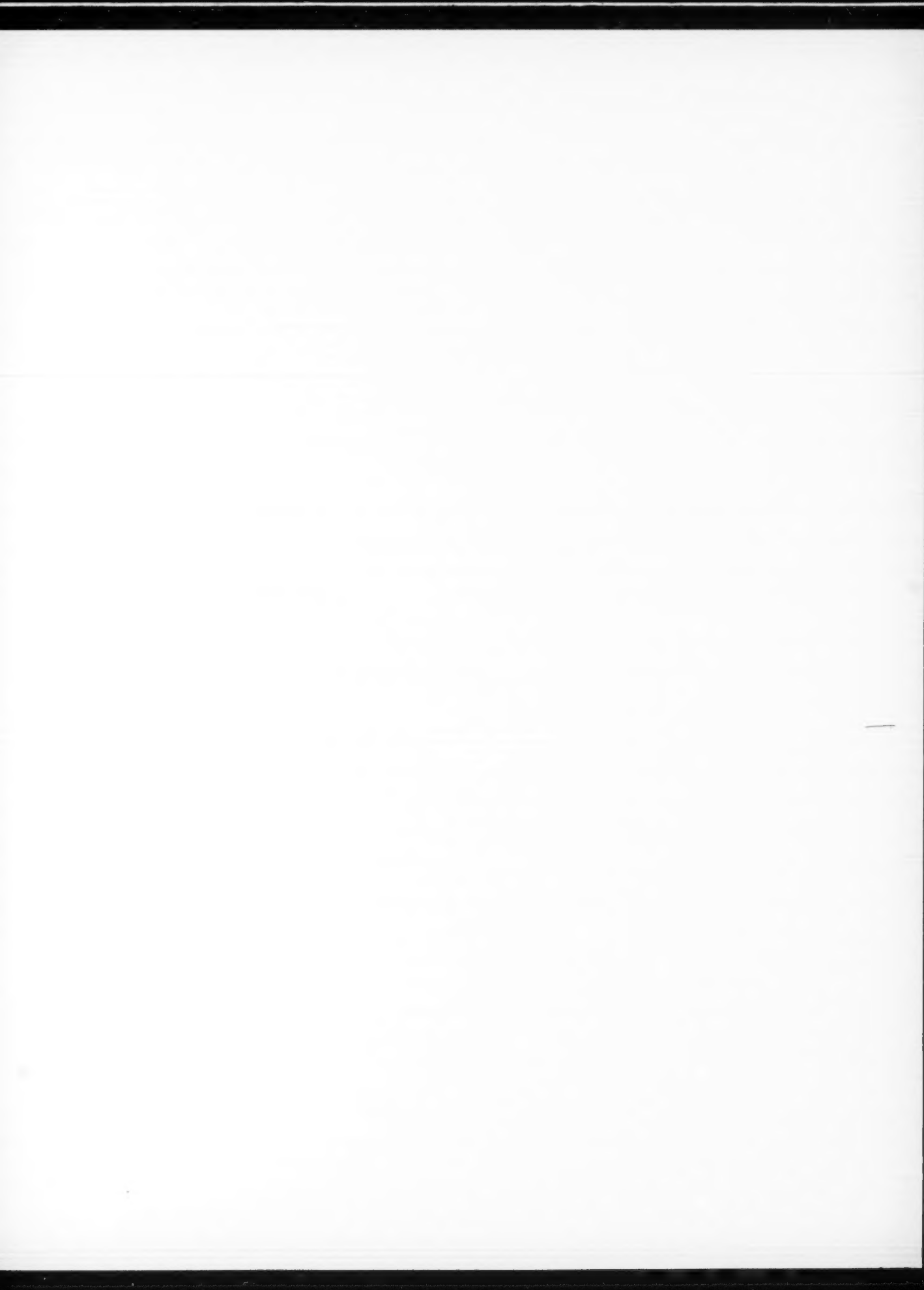
And even as we look toward the transfer of Purchased Health Services to a new Department of Public Health in September 1993, we are working with our health-care contractor to realize significant improvements in the Medicaid program. During fiscal year 1992, we will launch a managed care pilot to evaluate this approach in providing better health care for clients, while reining in the costs of the agency's largest program.

The year ahead promises to be exciting, challenging, and very busy. During this time of transition, our primary task will be to ensure that clients get the best services possible within the framework of our current programs and structure as we move forward toward implementation of a new, more responsive health and human services system for Texas.

We've known for years that the old way of providing services needed major surgery. Now, we have an extraordinary opportunity to fashion an approach that will measure up to the high expectations of the "New Texas." This kind of change won't come easy. It will take plenty of hard work and long hours to get the job done. But there will be tremendous satisfaction in knowing that we helped shape a system that works better for everyone involved—the people who seek our services, the state's taxpayers, and the front-line staff who deliver services.



Statistics



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Estimated Expenditures by Method of Finance

Fiscal Year 1991

	Total \$	Federal %	State %	Other %
Income Assistance and Self-Support Services				
AFDC Grants	\$ 470,405,292	63.34	36.66	
Energy Services	32,119,077	93.61		6.39
Employment Services	21,528,722	71.06	16.33	12.61
Child Day-care Services	75,224,524	77.34	22.66	
Emergency Nutrition and Emergency Relief Services	3,424,371		33.76	66.24
Nutrition Assistance	94,559,800	99.79	0.21	
Disaster Assistance	14,173,699	75.00		25.00
Client Self-support Services Program Delivery	201,595,200	51.20	47.61	1.19
Client Self-Support Services Program Support	31,850,060	51.20	48.71	0.09
Refugee Services	7,672,460	100.00		
Total, Income Assistance and Self-Support Services	952,553,205	66.52	32.11	1.37
Health Care Services				
Purchased Health Services	2,503,222,628	63.41	36.27	0.32
Indigent Health Care	372,829,012	62.66	2.99	34.35
Preventive Services	104,736,144	73.55	26.45	
Client Care Services Program Delivery ¹	119,079,081	59.83	39.62	0.55
Total, Health Care Services	3,099,866,865	63.53	32.06	4.41
Services for Families and Children				
Protective Services for Families and Children	233,319,384	45.82	53.72	0.46
Children's Trust Fund	1,272,012	12.03	84.72	3.25
Licensing of Child Caring and Child Placing	9,962,113	72.08	24.75	3.17
Client Protective Services Program				
Administrative Support	4,223,151	54.83	45.17	
Total, Services for Families and Children	248,776,660	46.86	52.57	0.57
Services to Aged and Disabled				
Nursing Home Vendor Payments	901,180,268	63.50	36.50	
Services for the Developmentally Disabled ²	390,350,416	85.61	13.03	1.36
Community Care Services ³	231,739,776	61.96	38.04	
Adult Protective Services	13,793,739	46.21	53.79	
Total, Services to Aged and Disabled	1,537,064,199	68.72	30.93	0.35
Agency Administration				
Central Management Support	23,224,999	59.09	37.80	3.11
Field Management Support	13,604,756	62.40	36.28	1.32
Management Information Systems	39,989,902	39.39	60.61	
Audit and Investigations	8,928,091	65.90	34.10	
Renovations and Capital Outlay	1,855,817	3.50	96.50	
Special Projects	2,655,171	92.29	3.41	4.30
Total, Agency Administration	90,258,736	51.37	47.51	1.12
Grand Total ⁴	\$ 5,928,519,665	64.47	32.87	2.66

¹ Includes estimated federal expenditures for the Survey and Certification and the Quality of Care Administration interagency contracts.

² Includes estimated federal expenditures through the revolving fund and administrative contracts with MHMR.

³ Includes estimated expenditures for the ICF-MR waiver.

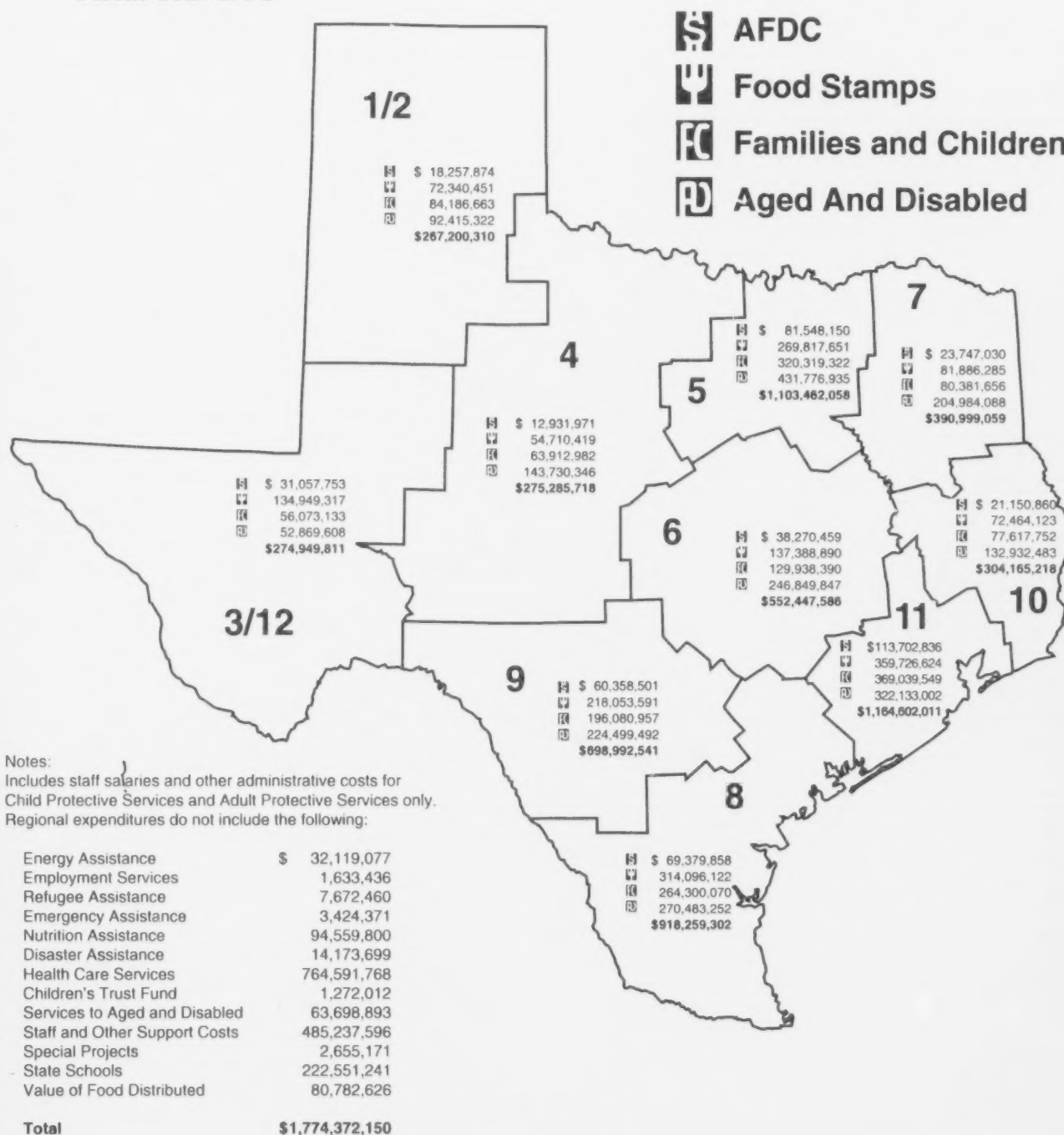
⁴ Does not include the value of food stamps (\$1.715 billion) or the value of food distributed (\$80.8 million) by the department.

Errata

Regional expenditures were reported incorrectly in the Texas Department of Human Services 1991 Annual Report. The corrected data shown below replace the figures on Page 109. On the map, the numbers for Families and Children, Aged and Disabled, and Total Regional Expenditures have changed. In the note at the bottom of the page, the data for Health Care Services, Services to Aged and Disabled, Staff and Other Support Costs, and Total have changed. We regret the errors.

Regional Expenditures

Fiscal Year 1991



Financial Information by County

Fiscal Year 1991

County	Food Stamps		Basic Recipients	AFDC ¹ Unemployed Parent		Disqualification Hearings ²	Fraud Court Adjudications ³		Children in Day Care Purchased by DHS ⁴
	Participants	Value		Recipients	Payments				
Anderson	4,859	\$ 3,593,865	1,388	34	\$ 969,352	11	20	75	
Andrews	1,611	1,150,301	440	16	310,825	5	2	13	
Angelina	8,454	6,399,806	2,482	47	1,742,066	30	13	178	
Aransas	2,586	2,053,730	632	58	469,970	10	5	30	
Archer	273	203,146	57	3	47,003	0	0	5	
Armstrong	91	69,511	19	3	14,594	0	0	0	
Atascosa	6,616	4,830,883	1,618	75	1,136,418	24	9	50	
Austin	1,610	1,135,133	468	17	313,819	8	0	16	
Bailey	964	678,688	131	0	88,339	2	0	0	
Bandera	744	537,443	113	3	77,463	5	3	4	
Bastrop	4,482	3,545,731	1,291	22	883,567	16	1	13	
Baylor	516	344,748	87	0	58,469	2	0	1	
Bee	5,533	4,012,819	1,621	126	1,185,919	4	0	46	
Bell	20,376	16,199,266	6,659	141	4,777,340	28	13	350	
Bexar	193,516	154,552,523	66,777	1,281	46,583,159	717	186	3,127	
Blanco	236	170,261	24	2	19,433	0	0	0	
Borden	8	5,495	0	0	0	0	0	0	
Bosque	1,365	1,005,797	313	32	232,673	1	2	0	
Bowie	10,188	7,733,582	3,681	51	2,564,315	19	7	185	
Brazoria	13,129	10,495,115	3,924	71	2,743,538	17	12	146	
Brazos	10,021	7,760,807	3,297	33	2,241,639	14	5	193	
Brewster	1,023	745,053	233	7	172,991	1	0	0	
Briscoe	257	179,492	72	0	48,082	0	1	0	
Brooks	3,378	2,535,732	763	48	551,101	7	0	1	
Brown	4,544	3,403,607	1,107	35	781,127	13	4	79	
Burleson	1,933	1,511,392	795	17	526,793	2	2	1	
Burnet	2,901	2,256,395	696	9	496,708	13	1	0	
Caldwell	4,335	3,130,063	1,089	49	784,537	5	9	2	
Calhoun	2,466	1,879,684	725	39	511,890	3	0	45	
Callahan	1,368	1,023,428	269	22	202,390	1	4	2	
Cameron	80,759	60,258,129	18,287	1,382	12,747,474	109	19	468	
Camp	1,597	1,175,668	482	15	341,368	1	0	2	
Carson	216	152,141	58	1	39,729	0	0	3	
Cass	4,650	3,443,155	1,360	54	971,631	14	3	23	
Castro	1,990	1,389,681	375	62	282,896	6	7	0	
Chambers	1,411	1,090,816	407	9	285,611	1	0	0	
Cherokee	5,434	4,033,782	1,603	51	1,141,185	12	28	85	
Childress	1,101	795,532	240	47	192,860	6	8	3	
Clay	505	311,664	48	4	39,024	0	1	0	
Cochran	902	647,723	229	13	156,573	0	1	0	

Financial Information by County

Fiscal Year 1991

County	Food Stamps		Basic Recipients	AFDC ¹		Fraud		Children in Day Care Purchased by DHS ⁴
	Participants	Value		Unemployed Parent Recipients	Payments	Disquali- fication Hearings ²	Court Adjudications ³	
Coke	275	\$ 192,980	76	0	\$ 52,811	0	0	1
Coleman	1,413	1,035,890	350	8	247,920	6	3	7
Collin	9,240	7,467,847	2,794	114	1,987,265	16	8	77
Collingsworth	517	348,297	136	9	91,423	2	0	1
Colorado	2,223	1,576,316	627	0	410,107	3	4	3
Comal	4,108	3,069,465	988	22	701,362	13	8	14
Comanche	1,338	891,189	254	0	167,775	1	0	0
Concho	347	230,466	46	0	31,081	0	0	3
Cooke	2,953	2,211,942	670	42	489,942	2	5	18
Coryell	4,193	2,913,857	887	47	641,095	2	0	49
Cottle	397	262,955	96	4	64,709	1	3	1
Crane	334	212,929	67	0	47,089	0	0	0
Crockett	576	383,798	125	0	83,216	4	6	0
Crosby	2,002	1,384,087	414	20	286,927	8	1	21
Culberson	722	468,864	102	0	69,605	0	0	1
Dallam	921	666,503	159	3	111,849	1	4	24
Dallas	162,067	137,838,157	64,524	506	45,363,737	536	230	2,397
Dawson	3,177	2,202,365	788	29	549,925	3	1	48
Deaf Smith	3,889	2,856,191	966	43	680,424	10	5	32
Delta	667	454,730	200	6	141,219	2	0	1
Denton	8,411	6,618,554	2,222	71	1,588,475	3	1	189
DeWitt	3,088	2,165,639	837	36	585,700	7	0	34
Dickens	409	281,564	85	8	60,665	1	0	1
Dimmit	4,166	3,044,555	961	44	676,390	2	0	38
Donley	460	320,578	92	17	73,949	2	2	1
Duval	4,488	3,034,080	996	63	718,545	7	5	7
Eastland	2,001	1,420,544	366	10	255,393	3	3	16
Ector	17,730	14,412,263	6,156	133	4,314,975	32	33	224
Edwards	604	434,748	88	8	62,813	0	0	0
Ellis	7,600	5,725,672	2,176	62	1,534,340	9	1	44
El Paso	124,028	94,496,310	28,662	909	20,452,889	237	137	1,535
Erath	2,008	1,457,449	512	8	353,405	3	0	18
Falls	3,541	2,670,855	1,059	16	740,198	9	2	47
Fannin	2,816	1,966,707	577	13	410,167	4	6	10
Fayette	1,383	969,454	370	4	251,987	2	0	1
Fisher	532	353,470	80	0	53,678	0	0	4
Floyd	2,063	1,471,612	427	39	303,967	1	0	4
Foard	184	120,917	36	7	29,569	2	0	11
Fort Bend	12,844	10,124,673	4,402	35	2,975,592	14	5	181
Franklin	892	631,631	193	15	143,320	2	0	1

Financial Information by County

Fiscal Year 1991

County	Food Stamps		Basic Recipients	AFDC ¹		Fraud		Children In Day Care Purchased by DHS ⁴
	Participants	Value		Unemployed Parent Recipients	Payments	Disqualification Hearings ²	Court Adjudications ³	
Freestone	1,754	\$ 1,310,135	410	21	\$ 294,886	2	0	2
Frio	3,369	2,251,460	946	3	625,735	14	7	5
Gaines	2,023	1,400,136	429	7	291,544	7	1	0
Galveston	25,188	21,472,701	9,185	109	6,426,291	57	10	531
Garza	895	643,666	238	3	167,450	2	2	0
Gillespie	828	581,900	180	10	127,465	0	0	1
Glasscock	51	36,990	25	0	14,108	0	0	0
Goliad	935	683,491	234	3	163,970	4	0	2
Gonzales	3,267	2,279,876	911	7	611,437	2	1	10
Gray	2,037	1,550,827	583	12	415,841	11	4	47
Grayson	9,221	7,166,926	2,620	90	1,939,884	21	1	154
Gregg	12,699	9,861,965	4,216	101	2,990,313	27	12	292
Grimes	2,542	1,905,356	856	1	585,127	0	0	43
Guadalupe	7,954	5,878,307	2,212	65	1,571,093	36	21	115
Hale	5,836	4,167,665	1,494	71	1,028,184	11	5	88
Hall	780	535,139	153	27	116,567	5	2	3
Hamilton	627	426,103	109	8	82,774	0	0	3
Hansford	294	200,125	54	3	38,209	0	0	0
Hardeman	602	412,368	128	2	83,131	1	0	10
Hardin	4,466	3,503,877	1,222	17	850,962	13	6	20
Harris	317,810	279,035,533	130,300	955	90,683,854	1,285	338	4,657
Harrison	7,710	5,936,305	2,911	87	2,036,761	23	22	130
Hartley	20	11,978	3	0	1,806	0	0	1
Haskell	958	670,659	230	31	174,947	0	1	0
Hays	5,503	4,161,089	1,519	28	1,053,175	11	17	47
Hemphill	75	50,223	18	0	9,521	0	0	4
Henderson	6,900	5,183,994	2,000	101	1,482,773	17	8	56
Hidalgo	141,554	109,004,582	28,873	4,242	21,288,489	260	88	616
Hill	3,826	2,945,627	1,008	49	713,160	2	1	19
Hockley	3,473	2,583,737	1,006	23	692,052	15	0	40
Hood	1,568	1,173,793	334	14	241,759	3	2	4
Hopkins	2,438	1,643,489	480	12	345,069	2	0	18
Houston	3,819	2,864,756	1,372	35	979,770	6	8	70
Howard	4,564	3,469,232	1,573	26	1,079,162	0	0	94
Hudspeth	225	161,828	83	2	54,287	0	0	28
Hunt	7,485	5,749,498	2,162	76	1,573,753	27	21	67
Hutchinson	2,059	1,533,430	500	10	356,547	6	1	47
Irion	109	81,243	22	0	14,931	0	0	1
Jack	812	636,522	222	33	167,110	4	0	2
Jackson	1,726	1,276,185	581	15	391,543	1	0	7

Financial Information by County

Fiscal Year 1991

County	Food Stamps		AFDC ¹			Fraud		Children in Day Care Purchased by DHS ⁴
	Participants	Value	Basic Recipients	Unemployed Parent Recipients	Payments	Disqualification Hearings ²	Court Adjudications ³	
Jasper	5,370	\$ 4,084,142	1,532	20	\$ 1,068,144	10	7	38
Jeff Davis	141	81,772	15	0	9,889	0	0	0
Jefferson	33,296	27,401,383	12,170	128	8,449,369	193	49	702
Jim Hogg	1,675	1,105,638	280	13	192,565	3	0	2
Jim Wells	9,676	7,024,533	2,432	119	1,742,082	27	8	18
Johnson	8,472	6,706,136	2,391	131	1,753,328	14	14	118
Jones	2,297	1,587,209	465	0	312,872	9	8	33
Karnes	2,926	2,098,987	853	35	578,723	12	8	0
Kaufman	5,542	4,289,853	1,685	42	1,180,514	3	4	18
Kendall	1,016	784,885	249	23	187,870	6	3	7
Kenedy	100	56,662	2	0	1,870	0	0	1
Kent	64	43,428	6	0	3,710	0	0	1
Kerr	3,757	2,900,294	985	51	704,954	19	12	80
Kimble	517	375,911	120	0	81,081	1	1	0
King	4	2,531	0	0	0	0	0	0
Kinney	722	511,500	100	20	80,988	1	0	0
Kleberg	7,080	5,582,521	2,161	106	1,545,853	28	12	25
Knox	700	473,325	190	13	132,396	3	1	1
Lamar	6,577	4,600,864	1,828	12	1,307,950	27	14	105
Lamb	2,854	2,066,435	738	13	491,183	7	2	13
Lampasas	1,853	1,402,164	485	15	350,697	1	1	25
Lasalle	1,603	1,080,519	323	8	223,740	1	3	18
Lavaca	1,462	936,085	386	15	273,386	1	1	4
Lee	877	646,619	264	1	175,034	0	0	0
Leon	1,730	1,365,955	469	16	339,620	0	0	0
Liberty	7,994	6,493,453	2,454	101	1,773,085	20	11	25
Limestone	3,044	2,321,336	818	45	590,102	9	1	7
Lipscomb	82	61,581	22	0	12,310	0	1	0
Live Oak	1,366	971,884	289	3	200,933	2	0	1
Llano	572	450,249	125	0	84,496	1	0	0
Loving	1	552	0	0	0	0	0	0
Lubbock	29,738	23,313,797	9,213	253	6,435,971	167	70	586
Lynn	1,419	971,636	281	19	201,910	4	5	0
Madison	1,831	1,389,026	512	10	362,870	2	1	0
Marion	2,194	1,682,050	712	25	486,030	4	2	9
Martin	637	442,998	131	12	90,615	0	0	1
Mason	438	305,360	69	0	45,652	1	2	0
Matagorda	5,401	4,296,884	1,927	29	1,309,304	6	6	70
Maverick	15,820	11,922,085	2,727	595	2,123,951	6	2	31
McCulloch	1,659	1,209,267	355	9	256,561	4	3	11

Financial Information by County

Fiscal Year 1991

County	AFDC ¹					Fraud		Children in Day Care Purchased by DHS ⁴
	Food Stamps		Basic Recipients	Unemployed Parent Recipients	Payments	Disqualification Hearings ²	Court Adjudications ³	
	Participants	Value						
McLennan	25,502	\$ 20,188,919	8,514	225	\$ 5,940,664	71	34	321
McMullen	40	26,913	1	0	758	0	0	0
Medina	4,435	3,274,700	1,153	30	807,104	22	8	9
Menard	454	306,769	60	0	38,597	1	0	1
Midland	9,774	7,712,992	3,162	69	2,157,617	22	18	215
Milam	3,578	2,624,651	1,022	27	696,810	3	3	68
Mills	465	323,912	89	2	58,660	1	0	2
Mitchell	1,256	847,574	262	6	173,377	2	1	36
Montague	1,450	1,001,458	284	29	214,382	1	7	0
Montgomery	15,967	13,154,293	5,234	118	3,747,661	13	10	204
Moore	1,401	1,006,004	311	12	220,800	10	2	31
Morris	1,972	1,431,298	583	13	415,477	14	3	2
Motley	130	86,817	10	2	7,504	0	0	5
Nacogdoches	6,328	4,852,968	1,993	51	1,407,919	23	7	153
Navarro	5,399	4,045,542	1,641	42	1,156,193	5	14	18
Newton	2,353	1,790,346	746	34	539,082	7	0	6
Nolan	2,562	1,902,744	718	39	502,731	12	3	57
Nueces	49,091	38,327,324	16,212	530	11,469,979	144	90	937
Ochiltree	471	325,110	93	3	65,973	2	2	34
Oldham	62	43,273	17	0	10,464	0	0	0
Orange	8,893	7,154,019	3,074	46	2,206,857	27	4	138
Palo Pinto	3,682	2,764,058	952	122	752,554	7	2	18
Panola	2,896	2,089,684	756	14	532,464	13	2	22
Parker	4,491	3,403,754	993	44	732,267	1	7	16
Parmer	1,177	775,012	186	5	129,505	1	2	0
Pecos	2,822	2,064,274	558	10	377,391	4	2	30
Polk	4,989	3,859,021	1,289	67	936,696	19	1	42
Potter	19,214	15,390,939	5,525	234	3,951,047	79	34	379
Presidio	1,819	1,290,775	311	0	208,662	1	0	4
Rains	498	334,034	120	11	89,706	0	0	0
Randall	3,247	2,531,036	890	57	671,777	9	4	76
Reagan	331	222,585	62	0	41,870	0	1	0
Real	688	529,807	134	12	103,970	0	0	0
Red River	2,264	1,533,906	583	9	407,869	4	4	25
Reeves	3,597	2,364,477	511	8	352,620	2	5	16
Refugio	1,348	982,286	361	6	263,657	4	0	1
Roberts	4	3,043	1	0	780	0	0	0
Robertson	3,285	2,512,201	1,197	20	823,083	8	0	25
Rockwall	1,324	997,814	263	14	195,608	4	1	4
Runnels	1,417	922,216	319	1	208,278	3	0	5

Financial Information by County

Fiscal Year 1991

County	Food Stamps		Basic Recipients	AFDC ¹ Unemployed Parent Recipients		Payments	Fraud		Children in Day Care Purchased by DHS ⁴
	Participants	Value		Disquali- fication Hearings ²	Court Adjudications ³				
Rusk	5,226	\$ 3,922,321	1,740	34	\$ 1,246,235	12	8	64	
Sabine	1,197	911,388	363	17	265,686	2	0	1	
San Augustine	1,261	902,131	441	3	294,181	1	0	4	
San Jacinto	2,810	2,293,063	850	51	623,942	5	6	2	
San Patricio	13,698	10,315,869	3,655	293	2,626,479	40	0	107	
San Saba	814	562,519	200	3	139,577	0	0	1	
Scheicher	358	230,710	28	0	16,474	1	0	0	
Scurry	1,918	1,287,979	503	6	335,257	3	5	57	
Shackelford	311	228,608	77	2	55,023	1	0	0	
Shelby	3,920	3,004,897	1,290	46	929,986	2	4	62	
Sherman	20	10,967	3	0	2,609	0	0	0	
Smith	16,073	12,691,556	5,254	98	3,718,940	40	16	236	
Somervell	510	413,901	156	3	106,526	0	1	3	
Starr	19,094	14,857,233	2,867	846	2,406,420	6	7	77	
Stephens	1,115	769,471	193	10	138,821	1	0	31	
Sterling	130	89,592	20	0	14,589	0	0	0	
Stonewall	139	99,126	33	0	21,482	1	0	0	
Sutton	369	223,582	37	0	23,424	0	2	0	
Swisher	1,348	898,739	317	10	200,004	4	1	33	
Tarrant	82,812	67,791,817	28,328	341	19,750,480	250	114	1,145	
Taylor	12,373	9,343,844	3,424	106	2,394,697	29	26	335	
Terrell	56	36,903	6	0	3,235	0	0	0	
Terry	2,833	2,089,868	834	9	560,266	6	10	22	
Throckmorton	144	89,023	22	2	15,148	0	0	0	
Titus	2,464	1,768,076	640	11	444,245	6	4	13	
Tom Green	11,280	8,442,607	3,084	52	2,156,688	37	9	165	
Travis	51,772	43,546,308	17,965	173	12,534,896	279	134	922	
Trinity	1,962	1,523,674	619	31	445,350	7	6	4	
Tyler	2,541	1,918,652	590	1	410,850	0	0	15	
Upshur	3,848	2,889,858	1,060	21	743,985	17	2	47	
Upton	422	298,792	120	0	83,634	0	0	0	
Uvalde	7,068	5,247,149	1,449	0	955,637	15	6	190	
Val Verde	11,536	8,570,487	2,420	134	1,699,218	23	8	48	
Van Zandt	3,822	2,911,765	861	133	684,390	9	0	19	
Victoria	9,237	6,944,874	3,223	82	2,239,630	14	9	213	
Walker	4,822	3,904,442	1,582	13	1,088,164	9	4	29	
Waller	3,601	2,859,047	1,241	1	852,072	0	0	86	
Ward	1,605	1,147,154	386	4	260,634	7	2	1	
Washington	2,621	1,938,822	922	20	615,230	2	7	20	
Webb	42,456	30,396,696	8,672	303	5,880,663	49	10	297	

Financial Information by County

Fiscal Year 1991

County	Food Stamps		AFDC ¹			Fraud		Children in Day Care Purchased by DHS ⁴
	Participants	Value	Basic Recipients	Unemployed Parent	Payments	Disqual-ification Hearings ²	Court Adjudications ³	
				Recipients				
Wharton	5,503	\$ 4,088,218	1,619	16	\$ 1,093,738	5	1	17
Wheeler	603	423,740	143	2	94,766	3	1	0
Wichita	12,388	9,644,614	3,433	101	2,464,654	44	43	352
Wilbarger	1,520	1,067,058	356	18	253,670	4	0	21
Willacy	7,005	4,954,120	1,275	269	994,578	5	0	3
Williamson	7,120	5,234,021	1,791	29	1,233,628	19	14	116
Wilson	3,384	2,443,581	807	26	560,175	17	11	4
Winkler	1,112	746,862	217	10	156,056	4	0	0
Wise	2,683	2,028,231	601	26	437,953	0	0	4
Wood	3,212	2,338,707	736	48	542,433	9	3	19
Yoakum	866	617,065	188	8	135,411	0	1	16
Young	1,657	1,221,233	387	26	283,393	12	0	4
Zapata	3,240	2,429,537	447	45	314,967	2	1	32
Zavala	4,964	3,508,313	1,079	112	770,273	1	0	34
Total	2,164,583	\$1,715,433,473	668,336	19,918	\$470,405,292	6,066	2,417	27,165

The data in these tables are estimates based on actual paid data.

¹ Includes children and caregivers.

² Food stamps only.

³ Does not include cases for which restitution was arranged.

⁴ Average daily full-time equivalent clients served.

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Anderson	\$ 3,594,341	\$ 2,025,145	\$ 192,802	\$ 654,025	2,180	1,309
Andrews	1,031,166	333,627	72,397	106,017	852	207
Angelina	4,570,137	3,861,016	282,987	1,210,982	3,708	2,705
Aransas	1,770,083	1,279,826	111,978	272,580	1,156	572
Archer	195,621	139,294	7,885	56,060	89	106
Armstrong	36,969	54,437	2,486	22,616	45	38
Atascosa	3,591,842	2,369,120	291,620	595,313	2,733	1,113
Austin	945,709	906,713	78,908	303,976	779	562
Bailey	681,676	310,322	27,508	81,126	313	168
Bandera	359,944	234,320	32,837	72,289	268	158
Bastrop	2,202,996	1,636,521	171,121	466,329	2,056	1,033
Baylor	274,154	234,636	15,145	100,509	171	164
Bee	3,065,952	1,094,742	222,169	423,013	2,648	935
Bell	9,699,067	5,543,122	586,531	1,385,917	9,440	3,330
Bexar	108,571,656	60,309,545	8,626,146	12,068,318	95,969	28,785
Blanco	61,621	171,263	4,151	108,500	46	152
Borden	3,909	6,310	469	0	1	1
Bosque	718,569	421,588	43,252	233,675	571	484
Bowie	6,298,499	5,548,735	359,553	1,137,382	4,931	2,685
Brazoria	10,424,947	4,830,561	514,276	1,143,704	6,205	2,389
Brazos	5,975,826	2,441,468	429,470	680,290	5,307	1,506
Brewster	638,667	167,362	26,938	63,541	458	169
Briscoe	115,768	98,935	5,781	21,912	92	55
Brooks	1,788,793	1,550,472	138,869	277,537	1,353	638
Brown	2,993,423	1,938,940	227,297	788,653	1,996	1,413
Burleson	877,512	667,011	84,714	226,654	1,033	509
Burnet	1,438,956	1,034,739	106,202	325,317	1,211	615
Caldwell	2,325,578	1,452,622	178,628	524,833	1,851	1,121
Calhoun	1,960,485	590,938	133,307	198,657	1,284	441
Callahan	585,269	407,232	60,260	178,352	562	319
Cameron	43,647,991	22,853,849	2,739,968	4,571,815	32,414	12,036
Camp	905,207	251,418	76,895	63,883	719	146
Carson	125,844	64,145	4,489	30,420	84	59
Cass	2,102,379	3,008,857	158,860	705,867	2,033	1,620
Castro	896,060	399,393	56,488	103,334	737	202
Chambers	951,096	815,914	59,511	121,438	628	263
Cherokee	2,928,925	3,182,979	231,182	848,710	2,482	1,657
Childress	363,342	439,411	33,301	130,491	492	283
Clay	304,515	184,968	13,711	111,572	171	184
Cochran	646,970	467,491	25,506	53,821	398	141

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Coke	\$ 113,199	\$ 147,717	\$ 7,555	\$ 67,256	123	135
Coleman	794,959	512,363	56,091	218,095	580	422
Collin	6,124,997	3,270,895	392,617	948,962	4,758	1,893
Collingsworth	320,336	222,693	15,749	66,696	243	156
Colorado	1,101,802	1,119,530	86,144	351,076	947	716
Comal	1,921,739	1,260,143	108,855	465,100	1,860	948
Comanche	707,046	713,557	42,697	372,339	502	584
Concho	95,220	228,099	6,784	78,242	95	129
Cooke	1,411,347	926,404	107,648	393,667	1,209	590
Coryell	1,693,984	1,578,053	136,950	420,057	1,548	748
Cottle	174,609	223,238	6,618	118,691	158	122
Crane	241,225	101,396	10,363	37,224	135	61
Crockett	310,504	140,910	13,943	38,964	258	109
Crosby	991,866	628,880	47,459	128,405	787	280
Culberson	141,671	114,072	17,726	21,861	218	79
Dallam	777,195	215,075	33,633	57,962	347	115
Dallas	87,215,611	48,935,463	5,601,658	9,915,254	83,783	24,636
Dawson	1,111,990	719,099	103,093	197,534	1,308	509
Deaf Smith	2,185,038	710,767	86,296	207,529	1,682	437
Delta	304,310	562,433	23,159	145,116	288	309
Denton	8,391,881	3,706,946	335,280	999,846	4,193	2,609
DeWitt	1,480,230	1,602,482	164,231	657,675	1,358	1,218
Dickens	148,690	366,533	9,114	80,671	133	141
Dimmit	1,510,462	1,238,266	141,749	288,526	1,607	696
Donley	251,820	158,299	17,847	56,454	211	109
Duval	2,179,650	2,381,757	167,494	416,945	1,729	959
Eastland	1,163,535	1,034,488	65,809	441,348	760	785
Ector	12,183,217	4,355,081	619,862	979,115	9,680	2,064
Edwards	235,322	24,314	9,954	5,325	239	17
Ellis	4,300,387	2,568,987	219,754	825,159	3,556	1,696
El Paso	56,667,971	28,746,692	2,736,498	5,407,348	47,314	15,149
Erath	1,796,179	908,890	97,239	376,469	968	747
Falls	1,893,365	1,570,611	134,298	491,234	1,475	1,029
Fannin	1,238,508	2,013,426	89,570	606,592	1,032	1,154
Fayette	502,294	917,342	52,856	434,457	538	838
Fisher	238,817	196,272	15,889	87,384	143	191
Floyd	1,011,991	321,966	61,268	103,458	800	256
Foard	99,454	131,272	7,768	39,954	82	85
Fort Bend	8,837,212	3,789,358	479,961	791,672	7,033	2,735
Franklin	518,796	525,468	49,653	106,573	247	85

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Freestone	\$ 859,705	\$ 925,067	\$ 51,454	\$ 331,642	662	591
Frio	1,727,954	1,491,375	134,101	310,526	1,432	747
Gaines	1,202,393	414,722	60,982	114,755	908	234
Galveston	20,194,865	9,102,331	474,378	1,362,713	12,305	3,595
Garza	356,967	295,883	29,756	88,216	369	169
Gillespie	472,512	777,551	18,982	276,418	386	642
Glasscock	26,110	3,533	1,712	2,297	36	7
Goliad	517,113	349,756	51,322	115,398	367	242
Gonzales	1,446,342	776,817	112,857	311,833	1,444	656
Gray	1,638,963	1,087,243	66,864	310,246	1,012	533
Grayson	4,727,810	3,935,091	341,577	1,453,836	4,122	2,645
Gregg	7,799,366	5,157,976	550,569	1,618,520	6,352	3,173
Grimes	1,048,802	1,415,587	104,442	350,074	1,103	684
Guadalupe	3,561,959	2,514,698	350,229	744,909	3,739	1,417
Hale	3,020,568	1,828,020	155,975	459,719	2,585	1,045
Hall	351,546	324,937	16,978	81,848	328	199
Hamilton	365,347	423,673	25,250	171,441	248	348
Hansford	271,824	141,284	9,961	37,196	133	70
Hardeman	260,760	361,270	15,865	94,377	235	230
Hardin	3,375,609	2,397,045	307,311	469,339	2,002	913
Harris	213,009,311	99,806,943	13,324,678	14,544,499	176,876	39,738
Harrison	3,402,127	3,141,532	338,206	868,165	4,003	2,006
Hartley	1,680	12,290	225	8,568	6	13
Haskell	476,633	432,699	39,301	175,423	422	295
Hays	2,836,512	2,102,486	205,298	637,612	2,543	1,210
Hemphill	71,856	50,554	1,798	21,697	36	43
Henderson	3,743,275	3,493,790	279,725	1,105,253	3,054	1,857
Hidalgo	59,502,238	29,106,431	5,050,332	7,926,079	54,551	17,065
Hill	1,637,079	1,193,177	150,107	632,995	1,616	1,071
Hockley	2,228,470	1,392,978	126,705	312,778	1,693	591
Hood	1,157,542	791,336	64,030	274,626	694	475
Hopkins	1,279,760	1,332,230	90,612	550,517	920	964
Houston	1,876,962	2,336,941	174,111	798,779	1,907	1,380
Howard	2,364,026	1,817,672	208,309	400,343	2,369	877
Hudspeth	28,348	91,237	2,167	21,419	105	65
Hunt	3,753,401	3,055,818	268,930	806,004	3,473	1,697
Hutchinson	1,555,744	585,760	49,359	169,169	923	361
Irion	54,959	112,983	3,604	10,352	44	27
Jack	604,733	238,372	45,338	102,837	426	160
Jackson	1,295,148	732,122	102,437	234,973	842	424

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Jasper	\$ 3,284,856	\$ 2,150,291	\$ 275,802	\$ 693,758	2,328	1,273
Jeff Davis	66,304	46,245	5,109	18,135	68	46
Jefferson	27,368,408	15,118,051	1,588,704	2,823,270	17,882	5,929
Jim Hogg	768,010	662,587	47,170	134,896	561	324
Jim Wells	6,914,100	4,999,675	462,539	900,618	4,174	1,949
Johnson	5,252,871	2,703,860	437,505	1,104,512	4,301	1,788
Jones	1,245,646	1,038,019	88,856	415,747	859	696
Karnes	1,443,148	1,235,463	162,523	503,265	1,311	847
Kaufman	3,070,490	2,098,278	174,204	604,310	2,380	1,201
Kendall	501,272	279,421	35,181	126,851	470	268
Kenedy	20,237	11,816	1,086	3,149	17	9
Kent	44,198	30,832	1,634	14,726	25	34
Kerr	2,023,190	590,035	129,960	130,420	1,794	337
Kimble	218,301	311,006	20,140	70,357	204	151
King	421	0	13	0	3	0
Kinney	211,483	4,445	12,193	1,034	214	6
Kleberg	4,899,606	1,428,144	330,527	296,501	3,455	864
Knox	351,014	279,886	27,874	143,648	319	241
Lamar	3,137,252	4,009,373	205,371	996,661	2,702	2,095
Lamb	1,213,369	1,062,792	103,076	289,838	1,233	580
Lampasas	906,062	679,403	82,412	194,738	865	408
Lasalle	713,102	708,957	58,609	134,825	628	338
Lavaca	884,400	797,548	81,781	484,007	641	749
Lee	568,416	451,461	29,418	181,287	415	348
Leon	975,650	1,064,502	57,642	305,412	684	585
Liberty	5,988,686	3,169,414	335,308	735,649	3,837	1,466
Limestone	1,267,429	1,349,581	126,907	448,574	1,349	1,651
Lipscomb	41,554	41,225	2,747	26,027	47	42
Live Oak	786,153	680,663	52,575	140,404	523	319
Llano	231,651	431,403	16,838	189,651	210	349
Loving	0	0	0	0	0	0
Lubbock	22,522,883	10,977,935	1,180,086	2,149,724	14,841	4,700
Lynn	574,550	456,854	44,940	98,525	604	223
Madison	722,522	644,646	60,466	161,618	743	355
Marion	650,069	781,726	67,418	171,508	954	470
Martin	269,266	136,056	18,234	78,580	267	123
Mason	106,454	184,649	10,723	76,330	141	158
Matagorda	3,251,537	1,806,944	209,517	502,291	2,825	915
Maverick	6,532,950	4,101,000	509,803	1,115,286	5,286	2,355
McCulloch	924,862	638,187	67,345	222,304	680	458

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
McLennan	\$ 11,421,354	\$ 7,723,428	\$ 745,696	\$ 2,418,430	12,767	5,188
McMullen	470	13,698	97	3,673	1	10
Medina	1,993,066	2,301,505	120,324	629,442	1,933	1,382
Menard	208,628	162,252	15,189	65,996	161	128
Midland	7,362,774	3,009,431	401,590	688,533	4,989	1,473
Milam	1,212,972	1,505,774	98,603	399,154	1,584	950
Mills	234,335	227,338	12,469	90,943	234	265
Mitchell	460,752	483,177	31,953	199,635	441	370
Montague	874,477	827,008	46,947	339,100	574	650
Montgomery	12,139,134	5,206,996	683,219	1,077,036	8,166	2,160
Moore	778,289	271,221	43,471	83,813	605	184
Morris	1,033,258	1,046,810	108,322	268,791	873	564
Motley	149,365	50,980	3,071	14,847	36	52
Nacogdoches	2,979,669	3,186,082	216,177	1,050,968	2,956	1,769
Navarro	2,585,921	2,765,372	117,075	762,363	2,454	1,637
Newton	1,153,627	748,161	150,180	281,841	1,104	512
Nolan	1,357,134	838,858	115,215	312,825	1,249	591
Nueces	37,469,795	17,120,379	2,446,650	3,573,112	24,497	8,428
Ochiltree	284,801	106,075	17,311	48,964	248	74
Oldham	30,400	16,091	1,572	5,323	33	12
Orange	7,282,001	3,838,771	467,263	830,651	4,880	1,605
Palo Pinto	2,712,994	1,374,420	165,484	316,663	1,772	656
Panola	960,003	1,111,744	90,595	348,296	1,102	708
Parker	3,478,784	1,292,165	213,941	460,735	2,045	893
Parmer	488,755	171,883	25,680	60,955	374	143
Pecos	1,454,566	679,085	81,612	121,901	1,038	374
Polk	2,345,633	2,348,800	124,531	573,417	1,954	1,159
Potter	14,850,484	4,824,026	639,057	1,046,252	9,782	2,459
Presidio	337,311	339,326	21,744	113,714	549	414
Rains	416,436	449,511	23,196	107,239	235	186
Randall	2,487,747	485,212	110,136	149,462	1,565	315
Reagan	202,520	75,172	6,064	26,443	127	60
Real	249,823	47,956	17,709	20,309	268	32
Red River	852,469	1,967,371	72,862	527,365	850	1,054
Reeves	1,123,467	530,903	62,088	187,214	1,048	512
Refugio	605,735	266,604	53,134	131,855	541	250
Roberts	2,104	16,751	181	3,039	3	2
Robertson	1,598,686	1,050,027	152,639	433,480	1,663	812
Rockwall	989,727	350,172	57,071	103,780	540	193
Runnels	870,036	680,366	45,222	203,253	563	416

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Rusk	\$ 2,518,139	\$ 1,983,551	\$ 200,024	\$ 694,695	2,523	1,385
Sabine	595,621	712,566	65,258	235,002	517	439
San Augustine	625,022	1,049,991	54,616	334,385	539	652
San Jacinto	1,360,936	970,082	92,615	198,703	1,182	436
San Patricio	9,317,827	3,638,782	604,918	783,733	5,979	1,722
San Saba	432,616	431,984	35,672	146,250	340	298
Scheicher	79,907	127,678	5,273	33,408	82	90
Scurry	1,167,688	786,987	51,548	205,166	863	426
Shackelford	204,896	132,286	10,802	46,199	127	85
Shelby	1,753,486	2,058,380	160,930	675,562	1,706	1,285
Sherman	42,095	21,350	566	17,593	5	29
Smith	9,140,246	6,516,874	681,237	1,749,693	8,119	3,673
Somervell	243,800	154,131	20,858	72,906	239	113
Starr	5,903,116	3,466,094	518,040	1,061,217	5,880	2,299
Stephens	691,938	464,892	54,772	160,230	464	280
Sterling	74,910	31,199	5,040	13,749	53	25
Stonewall	69,867	66,647	8,195	32,082	59	60
Sutton	456,268	233,317	10,803	55,933	120	114
Swisher	548,237	288,904	38,756	75,971	570	159
Tarrant	58,194,520	27,771,843	2,498,420	6,678,062	40,877	14,819
Taylor	8,943,960	4,912,117	499,217	1,219,352	6,184	3,180
Terrell	1,911	87,195	1,257	9,880	9	32
Terry	1,439,984	938,383	117,921	234,058	1,312	424
Throckmorton	59,707	88,050	3,676	26,325	45	59
Titus	1,599,764	1,433,393	160,802	531,658	1,167	865
Tom Green	7,809,515	4,671,891	410,817	910,359	5,266	2,677
Travis	32,967,639	18,752,633	2,184,780	3,797,322	27,433	9,703
Trinity	728,282	328,624	103,249	143,381	895	244
Tyler	1,378,866	1,074,177	78,692	288,287	887	588
Upshur	1,892,770	1,751,982	165,141	485,816	1,554	919
Upton	206,662	107,202	14,090	27,230	201	78
Uvalde	2,925,253	1,851,678	182,088	468,827	2,655	1,045
Val Verde	4,382,705	2,308,282	271,868	587,614	4,236	1,699
Van Zandt	2,236,732	1,809,464	147,451	696,891	1,547	1,200
Victoria	8,989,197	3,632,480	535,371	872,117	5,167	1,867
Walker	2,439,192	1,724,016	178,994	543,102	2,200	867
Waller	2,605,540	1,175,617	125,252	249,589	1,860	536
Ward	834,721	323,033	39,203	96,663	620	258
Washington	1,123,900	1,204,207	92,128	378,487	1,321	1,397
Webb	22,917,287	12,102,204	1,436,968	2,401,843	15,709	6,255

Health Care by County

Fiscal Year 1991

County	Hospitals, Physicians, Lab, X-ray, Other ¹		Prescribed Medicines		Medicaid Eligibles (Monthly Average)	
	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled	Families & Children	Aged & Disabled
Wharton	\$ 2,885,040	\$ 2,687,783	\$ 147,742	\$ 573,167	2,403	1,393
Wheeler	268,624	454,638	18,173	134,543	256	233
Wichita	7,903,032	4,656,293	529,107	1,580,272	5,817	2,781
Wilbarger	889,424	874,963	61,961	260,235	651	528
Willacy	3,098,996	2,173,154	299,839	539,880	2,526	1,144
Williamson	4,080,281	3,073,936	252,661	962,811	3,368	1,979
Wilson	1,682,429	1,925,762	122,420	497,746	1,355	959
Winkler	556,345	323,704	27,445	73,575	417	187
Wise	1,943,592	1,073,811	90,904	298,787	1,173	610
Wood	1,758,118	1,954,775	141,526	571,720	1,281	1,082
Yoakum	444,366	170,356	33,066	43,809	399	115
Young	1,135,990	811,683	72,461	332,182	706	583
Zapata	1,375,936	869,471	76,253	156,654	1,007	393
Zavala	2,483,768	1,362,365	152,932	286,737	1,985	748
Total	\$1,262,568,749	\$708,039,568	\$81,043,941	\$164,543,760	1,019,164	372,582

The data in these tables are estimates based on actual paid data.

¹ Includes payments on behalf of clients by the health insuring contractor and does not necessarily equal the premiums paid. Other services include medical screening, dental treatment, anesthesia, ambulance, chiropractors, hearing aids, rural health, home health, sterilizations, optical, podiatrist and comprehensive health centers. Excluded are goal-directed therapy, medical transportation, and payment of supplemental medical insurance premiums.

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Anderson	117	23	41	30	39	8
Andrews	12	0	6	4	9	1
Angelina	69	111	40	25	37	28
Aransas	225	24	18	8	12	6
Archer	17	0	2	1	7	4
Armstrong	8	0	0	0	2	1
Atascosa	99	78	14	8	13	5
Austin	47	14	11	3	24	6
Bailey	41	17	1	0	9	9
Bandera	16	23	0	0	5	3
Bastrop	177	100	53	42	50	15
Baylor	16	12	5	3	5	3
Bee	126	19	31	19	36	11
Bell	804	625	142	76	274	89
Bexar	6,487	1,719	1,187	704	1,669	375
Blanco	9	6	0	0	9	3
Borden	2	1	1	0	0	1
Bosque	28	3	8	8	20	4
Bowie	420	193	63	43	84	38
Brazoria	711	454	185	108	226	54
Brazos	227	415	53	42	178	25
Brewster	32	37	0	0	11	2
Briscoe	1	0	0	0	1	1
Brooks	44	4	2	0	6	1
Brown	121	46	31	19	38	10
Burleson	51	12	11	11	11	5
Burnet	131	123	33	20	16	9
Caldwell	54	72	5	5	19	5
Calhoun	118	39	36	25	26	6
Callahan	39	21	1	0	15	6
Cameron	666	741	175	79	167	71
Camp	46	4	13	10	8	6
Carson	25	12	4	3	7	1
Cass	60	18	26	23	20	16
Castro	108	13	7	4	7	4
Chambers	27	24	16	11	9	1
Cherokee	100	10	38	25	48	7
Childress	15	6	7	7	10	5
Clay	13	15	0	0	20	6
Cochran	17	17	2	2	0	4

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Coke	8	5	6	3	0	0
Coleman	56	31	11	8	8	5
Collin	812	141	65	30	413	56
Collingsworth	30	0	2	0	1	0
Colorado	66	13	6	4	32	1
Comal	203	6	38	19	53	19
Comanche	32	13	5	2	17	5
Concho	8	0	0	0	3	0
Cooke	136	40	37	19	36	14
Coryell	248	59	16	8	73	19
Cottle	9	4	4	3	4	1
Crane	4	6	0	0	9	0
Crockett	15	5	9	2	5	2
Crosby	47	32	5	3	13	9
Culberson	16	15	0	0	1	0
Dallam	48	10	5	3	22	4
Dallas	4,708	945	1,010	603	2,521	577
Dawson	39	36	4	4	10	1
Deaf Smith	138	50	16	13	18	5
Delta	26	9	3	3	2	1
Denton	491	291	50	34	467	79
DeWitt	183	21	11	11	14	7
Dickens	27	6	4	0	2	3
Dimmit	51	54	11	9	8	1
Donley	4	5	1	1	7	0
Duval	53	4	11	11	4	0
Eastland	24	13	9	8	19	13
Ector	399	271	100	67	100	39
Edwards	12	1	1	1	2	1
Ellis	270	10	43	24	101	25
El Paso	1,541	913	356	246	584	199
Erath	53	10	6	4	38	16
Falls	84	12	18	17	16	5
Fannin	120	31	14	8	28	2
Fayette	20	27	7	5	31	2
Fisher	17	18	11	5	4	2
Floyd	27	8	17	8	6	3
Foard	14	1	0	0	1	4
Fort Bend	613	323	74	37	343	95
Franklin	17	0	0	0	7	1

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Freestone	38	9	7	4	19	2
Frio	22	9	13	13	7	1
Gaines	21	21	3	3	10	0
Galveston	1,073	302	162	102	356	60
Garza	12	26	3	3	3	3
Gillespie	38	10	10	8	1	3
Glasscock	2	8	0	0	24	0
Gollad	13	10	3	3	7	3
Gonzales	164	23	11	11	18	8
Gray	120	138	26	23	19	8
Grayson	219	453	43	21	116	21
Gregg	559	276	164	110	137	41
Grimes	30	42	14	11	35	2
Guadalupe	369	207	100	46	65	19
Hale	182	126	10	10	35	17
Hall	5	5	5	1	3	1
Hamilton	117	0	2	2	16	1
Hansford	9	4	4	4	6	2
Hardeman	12	0	1	1	6	1
Hardin	99	37	14	10	24	11
Harris	14,861	2,377	3,555	1,824	4,288	809
Harrison	173	54	51	31	51	20
Hartley	5	5	0	0	4	2
Haskell	17	9	3	3	9	1
Hays	155	98	18	10	74	31
Hemphill	10	5	3	1	4	3
Henderson	173	36	36	20	35	17
Hidalgo	950	590	127	68	828	48
Hill	100	9	23	12	40	6
Hockley	165	80	18	13	33	6
Hood	45	22	5	5	23	4
Hopkins	109	26	11	10	28	20
Houston	42	53	13	8	16	7
Howard	41	33	14	8	16	4
Hudspeth	12	0	0	0	1	0
Hunt	286	87	57	31	72	22
Hutchinson	76	84	14	8	20	14
Irion	2	0	0	0	1	2
Jack	1	3	0	0	7	0
Jackson	62	5	1	1	13	1

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Jasper	229	21	13	8	19	13
Jeff Davis	39	8	1	1	0	1
Jefferson	1,532	332	250	161	338	92
Jim Hogg	17	0	1	1	6	0
Jim Wells	89	10	14	13	31	9
Johnson	429	161	74	51	90	43
Jones	30	36	7	3	17	7
Karnes	36	4	7	5	13	2
Kaufman	136	12	50	34	61	23
Kendall	98	10	2	1	25	10
Kenedy	1	0	0	0	0	0
Kent	8	3	13	8	2	2
Kerr	164	104	28	21	52	17
Kimble	21	0	4	2	6	1
King	0	0	0	0	0	0
Kinney	2	0	3	2	2	0
Kleberg	64	26	13	12	16	10
Knox	13	8	2	2	3	5
Lamar	272	203	46	25	41	19
Lamb	66	19	10	4	13	11
Lampasas	80	19	20	14	20	10
Lasalle	16	0	7	7	8	3
Lavaca	123	8	31	21	48	5
Lee	33	30	6	5	20	3
Leon	34	0	6	2	7	2
Liberty	179	33	55	34	29	19
Limestone	85	12	20	12	17	7
Lipscomb	2	1	0	0	2	3
Live Oak	20	21	1	1	5	1
Llano	28	12	5	2	15	0
Loving	1	6	0	0	0	0
Lubbock	1,159	1,365	313	246	392	117
Lynn	21	10	11	4	11	0
Madison	32	4	5	4	8	2
Marion	44	8	17	13	5	5
Martin	3	0	0	0	3	0
Mason	18	0	5	0	5	0
Matagorda	181	143	48	34	38	13
Maverick	46	9	11	8	19	6
McCulloch	16	9	4	4	11	2

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
McLennan	894	607	242	170	265	98
McMullen	2	0	0	0	0	0
Medina	71	104	13	8	30	5
Menard	18	0	0	0	2	0
Midland	243	427	41	34	118	37
Milam	81	12	28	17	23	5
Mills	74	5	1	0	6	16
Mitchell	37	21	14	14	4	0
Montague	21	9	7	5	33	0
Montgomery	339	329	85	51	145	44
Moore	143	130	14	8	22	0
Morris	27	12	14	17	12	9
Motley	2	5	2	2	1	0
Nacogdoches	180	140	43	34	32	17
Navarro	113	0	57	34	54	10
Newton	46	17	2	1	5	4
Nolan	64	33	20	8	14	0
Nueces	850	410	228	161	327	103
Ochiltree	46	54	18	8	13	3
Oldham	18	0	0	0	1	3
Orange	393	73	78	42	62	28
Palo Pinto	59	109	28	17	17	12
Panola	69	9	14	5	11	6
Parker	184	73	33	25	49	26
Parmer	46	4	5	5	5	4
Pecos	95	9	28	11	11	0
Polk	40	28	14	8	10	12
Potter	762	356	142	119	145	62
Presidio	19	24	0	0	6	1
Rains	7	3	4	4	3	4
Randall	234	73	43	25	180	42
Reagan	8	0	6	4	7	1
Real	26	18	0	0	2	1
Red River	51	27	3	3	10	4
Reeves	58	1	7	3	7	5
Refugio	26	4	1	1	5	0
Roberts	7	10	0	0	0	0
Robertson	51	27	11	8	11	1
Rockwall	50	8	11	5	36	7
Runnels	69	14	43	34	26	5

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Rusk	204	67	28	12	34	12
Sabine	30	4	4	1	3	1
San Augustine	23	10	1	1	1	4
San Jacinto	37	27	6	4	4	5
San Patricio	284	32	33	15	59	8
San Saba	15	1	2	0	11	2
Scheicher	9	4	2	2	2	0
Scurry	65	86	43	29	13	6
Shackelford	4	0	0	0	5	0
Shelby	117	13	10	7	10	11
Sherman	9	0	0	0	5	1
Smith	530	282	156	81	140	75
Somervell	25	0	3	0	7	3
Starr	70	12	18	13	24	0
Stephens	45	0	5	5	12	8
Sterling	0	0	0	0	1	0
Stonewall	6	0	4	2	4	0
Sutton	8	4	0	0	3	1
Swisher	85	9	14	7	7	0
Tarrant	2,728	2,043	583	407	1,782	339
Taylor	372	550	75	51	188	73
Terrell	4	5	0	0	0	0
Terry	69	45	28	17	9	4
Throckmorton	13	0	1	1	2	0
Titus	70	45	28	17	28	6
Tom Green	311	370	118	68	142	47
Travis	2,186	863	745	364	1,003	246
Trinity	22	12	11	7	5	2
Tyler	78	42	2	2	7	7
Upshur	199	55	88	59	19	29
Upton	14	0	3	3	1	0
Uvalde	137	93	18	10	23	5
Val Verde	87	13	21	11	14	2
Van Zandt	116	24	34	25	32	11
Victoria	293	291	71	51	106	33
Walker	61	121	14	4	37	8
Waller	71	8	21	17	43	1
Ward	57	10	14	2	12	3
Washington	53	21	14	10	35	12
Webb	231	441	71	42	129	15

Protective Services by County

Fiscal Year 1991

County	Protective Services for Children ¹	Family Violence Adults and Children Residents	Foster Care		Regulated Child-care Facilities	
			Children in DHS Legal Responsibility ²	Foster Care Children ³	Day Care (Part-time) ⁴	24-hour (Full-time) ⁵
Wharton	124	60	18	8	37	24
Wheeler	10	0	1	0	2	2
Wichita	257	406	156	111	274	52
Wilbarger	62	0	17	13	24	9
Willacy	20	46	14	10	47	2
Williamson	653	148	185	119	283	83
Wilson	117	6	18	4	32	9
Winkler	29	17	3	2	4	5
Wise	79	18	14	8	22	7
Wood	94	23	28	25	28	14
Yoakum	28	35	10	8	5	1
Young	25	5	17	17	21	7
Zapata	13	0	2	2	4	1
Zavala	69	24	5	5	6	0
Total	63,592	25,997	13,978	8,365	22,499	5,526

The data in these tables are estimates based on actual paid data.

¹ Annual unduplicated number of children and adults receiving direct delivery in-home services.

² Excludes 242 children whose legal responsibility is with another state but who reside in Texas.

³ Excludes 110 children whose legal responsibility is with another state but who reside in Texas.

⁴ This total includes 843 facilities that have made inquiries but are not operating.

⁵ This total includes 674 adoptive homes and excludes 20 out-of-state facilities that care for Texas children.

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Anderson	345	\$ 5,366,467	140	199	\$ 711,310
Andrews	59	862,906	15	14	50,136
Angelina	604	9,158,594	138	447	1,598,097
Aransas	62	90,007	32	17	59,537
Archer	19	252,719	12	23	81,472
Armstrong	26	458,829	2	2	6,267
Atascosa	175	2,816,773	69	201	717,577
Austin	162	2,295,823	32	79	282,017
Bailey	28	393,392	18	23	81,472
Bandera	33	45,480	19	18	65,804
Bastrop	213	3,195,731	48	177	632,972
Baylor	43	632,306	58	75	269,483
Bee	123	1,788,349	45	115	410,492
Bell	903	13,105,386	337	634	2,265,538
Bexar	3,313	54,734,743	2,276	4,431	15,839,964
Blanco	86	1,100,684	7	10	34,469
Borden	0	0	2	0	0
Bosque	198	2,531,256	26	46	162,943
Bowie	562	8,581,371	257	693	2,475,484
Brazoria	637	951,509	91	236	842,918
Brazo	311	4,599,315	81	280	999,594
Brewster	10	165,578	50	75	266,350
Briscoe	1	11,691	1	18	62,670
Brooks	60	92,505	22	262	936,924
Brown	514	7,738,463	102	108	385,423
Burleson	97	1,396,101	28	95	338,421
Burnet	163	2,433,174	79	164	585,969
Caldwell	213	2,817,202	46	106	379,156
Calhoun	83	1,113,133	12	18	62,670
Callahan	109	1,492,244	46	95	338,421
Cameron	823	13,753,663	457	2,265	8,097,026
Camp	67	945,854	47	105	376,023
Carson	15	216,986	10	11	40,736
Cass	320	466,962	73	295	1,052,864
Castro	46	602,777	4	27	97,139
Chambers	30	480,858	9	104	372,889
Cherokee	488	7,073,852	165	338	1,209,540
Childress	82	1,087,111	32	110	391,691
Clay	82	1,119,914	10	60	213,080
Cochran	20	262,578	6	32	115,940

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Coke	70	\$ 934,696	8	25	\$ 90,872
Coleman	136	1,812,017	47	129	460,628
Collin	444	6,047,334	130	332	1,187,606
Collingsworth	37	547,050	18	28	100,273
Colorado	219	3,196,221	26	122	435,560
Comal	424	6,863,997	81	112	401,091
Comanche	214	2,928,536	34	46	166,077
Concho	48	708,614	12	24	84,605
Cooke	208	3,018,063	30	82	294,551
Coryell	262	4,215,884	47	224	799,049
Cottle	28	378,657	10	66	235,014
Crane	21	236,114	5	5	18,801
Crockett	24	359,957	3	30	106,540
Crosby	65	889,232	21	90	322,753
Culberson	1	4,372	14	16	56,403
Dallam	33	453,848	10	18	62,670
Dallas	4,500	64,324,791	1,469	3,543	12,665,704
Dawson	63	876,511	15	145	517,031
Deaf Smith	67	893,045	18	63	225,614
Delta	75	1,090,033	18	89	319,619
Denton	849	14,402,662	150	196	701,909
DeWitt	254	3,757,879	53	113	404,225
Dickens	22	312,912	25	30	106,540
Dimmit	61	991,711	54	129	460,628
Donley	26	319,510	11	29	103,406
Duval	44	812,270	42	316	1,128,069
Eastland	327	4,742,432	61	136	485,696
Ector	349	4,753,450	334	442	1,579,296
Edwards	4	46,891	2	8	28,202
Ellis	494	6,891,765	64	177	632,972
El Paso	759	12,885,872	869	2,166	7,742,938
Erath	337	5,018,088	37	104	372,889
Falls	188	2,704,975	53	258	921,256
Fannin	370	4,994,482	74	260	927,523
Fayette	281	4,509,936	34	83	297,685
Fisher	43	595,927	14	36	128,474
Floyd	49	656,271	14	56	200,546
Foard	22	301,586	15	32	112,807
Fort Bend	282	3,829,395	70	274	980,793
Franklin	85	1,242,965	14	56	200,546

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Freestone	205	\$ 2,962,037	18	165	\$ 589,103
Frio	90	1,473,635	42	188	670,574
Gaines	20	306,895	18	37	131,608
Galveston	510	7,304,268	196	656	2,343,876
Garza	46	633,168	17	52	184,878
Gillespie	174	2,362,095	34	21	75,205
Glasscock	0	0	2	2	6,267
Goliad	44	760,939	9	6	56,403
Gonzales	162	2,449,169	24	97	347,821
Gray	136	1,913,577	103	123	438,693
Grayson	1,000	14,297,625	137	530	1,895,782
Gregg	992	15,421,038	302	387	1,381,884
Grimes	106	1,498,462	58	197	705,043
Guadalupe	324	5,099,182	130	304	1,087,333
Hale	205	2,896,877	102	225	805,316
Hall	41	566,695	37	72	256,949
Hamilton	187	2,550,323	58	199	711,310
Hansford	21	281,420	4	8	28,202
Hardeman	39	498,012	6	84	300,818
Hardin	210	3,166,815	66	231	827,250
Harris	5,001	78,373,095	1,879	7,208	25,766,969
Harrison	449	6,438,724	189	418	1,494,691
Hartley	8	113,089	5	5	18,801
Haskell	91	1,268,192	31	65	231,881
Hays	265	4,342,169	85	153	545,233
Hemphill	17	212,546	2	4	12,534
Henderson	418	5,701,744	165	373	1,331,748
Hidalgo	892	15,131,622	496	2,435	8,701,796
Hill	364	4,914,812	53	103	366,622
Hockley	136	2,195,190	74	129	460,628
Hood	181	2,573,862	22	39	141,009
Hopkins	267	3,714,326	90	210	752,046
Houston	215	3,302,945	44	214	764,580
Howard	154	2,252,699	88	140	501,364
Hudspeth	1	27,688	4	1	3,134
Hunt	349	5,060,514	171	501	1,792,376
Hutchinson	85	1,038,053	111	89	316,486
Irion	1	22,070	7	11	40,736
Jack	51	638,341	12	22	78,338
Jackson	93	1,361,258	16	75	266,350

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Jasper	267	\$ 3,746,087	91	272	\$ 971,392
Jeff Davis	0	0	11	18	62,670
Jefferson	1,211	18,946,398	823	1,493	5,336,392
Jim Hogg	2	29,576	22	102	363,489
Jim Wells	303	4,897,120	91	643	2,296,873
Johnson	641	10,864,996	90	209	745,779
Jones	297	4,518,213	57	148	529,566
Karnes	167	2,690,536	18	147	526,432
Kaufman	403	5,555,270	67	231	824,117
Kendall	139	1,869,591	28	13	47,003
Kenedy	0	0	0	1	3,134
Kent	14	195,894	1	3	9,401
Kerr	112	1,436,002	68	60	216,213
Kimble	36	490,972	6	86	307,085
King	0	0	0	0	0
Kinney	0	0	3	18	62,670
Kleberg	95	1,484,134	44	232	830,384
Knox	78	1,163,072	35	36	128,474
Lamar	514	7,330,040	150	398	1,422,620
Lamb	125	1,712,055	82	117	419,892
Lampasas	120	1,702,728	31	94	335,287
Lasalle	3	46,933	24	113	404,225
Lavaca	254	3,445,645	37	109	388,557
Lee	109	1,446,697	28	41	147,276
Leon	74	989,794	37	172	614,171
Liberty	292	4,802,870	101	338	1,206,407
Limestone	237	3,262,763	50	161	576,568
Lipscomb	13	161,272	2	4	12,534
Live Oak	49	681,527	11	42	150,409
Llano	160	2,325,725	26	54	194,278
Loving	0	0	0	1	3,134
Lubbock	754	11,531,436	608	825	2,948,646
Lynn	26	346,939	33	32	115,940
Madison	85	1,172,850	26	97	347,821
Marion	67	996,195	62	133	476,296
Martin	37	554,480	6	14	50,136
Mason	42	642,174	9	29	103,406
Matagorda	134	2,135,552	45	194	692,509
Maverick	65	1,066,800	58	153	548,367
McCulloch	138	1,883,711	61	60	216,213

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
McLennan	1,446	\$ 21,245,471	315	1,239	\$ 4,427,670
McMullen	0	0	2	1	3,134
Medina	236	4,150,685	82	172	614,171
Menard	24	346,561	10	23	81,472
Midland	296	4,773,196	281	274	980,793
Milam	205	2,849,381	48	205	733,245
Mills	86	1,116,185	11	29	103,406
Mitchell	110	1,466,120	15	38	134,742
Montague	252	3,411,902	33	86	307,085
Montgomery	402	5,961,229	215	291	1,040,330
Moore	60	819,023	16	33	119,074
Morris	159	2,194,241	58	177	632,972
Motley	1	6,646	5	13	47,003
Nacogdoches	415	6,013,708	62	203	726,978
Navarro	419	6,241,731	74	373	1,334,881
Newton	56	935,051	35	143	510,764
Nolan	171	2,645,105	48	111	397,958
Nueces	1,238	20,527,534	480	1,220	4,358,732
Ochiltree	23	303,757	5	12	43,869
Oldham	0	0	2	0	0
Orange	350	5,048,261	190	321	1,146,870
Palo Pinto	161	2,273,247	72	113	404,225
Panola	127	1,860,450	51	174	623,571
Parker	239	3,540,005	33	81	288,284
Parmer	14	242,155	5	17	59,537
Pecos	63	895,715	74	170	607,904
Polk	229	3,134,728	88	256	914,989
Potter	565	7,502,770	301	479	1,710,904
Presidio	4	118,505	36	88	313,352
Rains	46	600,091	22	66	235,014
Randall	169	2,092,786	82	150	535,833
Reagan	22	302,585	6	6	21,935
Real	20	289,776	6	12	43,869
Red River	257	3,766,656	33	258	921,256
Reeves	44	634,911	42	100	357,222
Refugio	34	451,910	13	46	166,077
Roberts	0	0	0	1	3,134
Robertson	150	2,154,338	43	109	388,557
Rockwall	99	1,327,347	22	32	112,807
Runnels	94	1,277,105	55	104	372,889

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Rusk	371	\$ 5,202,070	114	255	\$ 911,856
Sabine	85	1,297,280	30	109	388,557
San Augustine	205	3,062,349	26	120	429,293
San Jacinto	2	49,108	39	173	617,304
San Patricio	239	3,339,039	145	517	1,848,779
San Saba	81	1,136,162	6	52	184,878
Scheicher	22	280,819	5	21	75,205
Scurry	96	1,371,324	54	48	172,344
Shackelford	35	530,005	9	17	59,537
Shelby	216	3,170,096	34	235	839,784
Sherman	18	218,010	1	4	15,668
Smith	942	13,175,716	241	697	2,491,152
Somervell	34	530,400	8	18	65,804
Starr	88	1,473,782	33	456	1,629,433
Stephens	85	1,112,194	39	87	310,219
Sterling	11	161,650	1	1	3,134
Stonewall	31	464,920	10	10	34,469
Sutton	21	322,364	6	29	103,406
Swisher	1	23,402	19	71	253,815
Tarrant	4,116	58,609,821	855	1,563	5,587,073
Taylor	616	9,002,158	792	751	2,685,430
Terrell	2	35,730	10	17	59,537
Terry	88	1,137,282	31	78	278,884
Throckmorton	18	240,738	6	11	40,736
Titus	272	3,889,018	68	192	686,242
Tom Green	551	8,288,889	437	452	1,616,898
Travis	1,753	29,549,394	698	1,507	5,386,528
Trinity	57	686,420	26	96	344,688
Tyler	138	1,867,712	34	104	372,889
Upshur	206	2,771,849	116	252	902,455
Upton	13	199,392	4	11	40,736
Uvalde	149	2,282,000	58	121	432,426
Val Verde	24	1,992,747	70	186	664,307
Van Zandt	483	7,129,747	89	151	538,966
Victoria	351	5,173,531	70	203	723,844
Walker	173	2,555,203	41	149	532,699
Waller	126	1,688,949	33	125	448,094
Ward	35	503,584	43	104	372,889
Washington	224	3,273,763	80	156	557,767
Webb	269	4,592,856	327	115	3,985,843

Services to Aged and Disabled

Fiscal Year 1991

County	Nursing Home, Private ICF-MR ¹		Adult Protective Services Investigations	Community Care for Aged and Disabled ²	
	Clients	Payments		Clients	Payments
Wharton	278	\$ 4,027,462	70	251	\$ 896,188
Wheeler	91	1,252,830	15	42	150,409
Wichita	833	11,915,289	265	690	2,466,083
Wilbarger	184	2,745,521	77	136	485,696
Willacy	57	923,794	28	230	820,983
Williamson	617	9,273,948	145	314	1,121,802
Wilson	131	1,908,994	54	160	570,301
Winkler	52	714,179	22	18	65,804
Wise	231	3,022,888	21	104	372,889
Wood	362	4,742,190	122	198	708,176
Yoakum	26	374,887	9	6	21,935
Young	256	3,535,661	66	134	479,429
Zapata	1	20,821	15	141	504,497
Zavala	3	58,102	46	143	510,764
Total	67,278	\$1,005,280,550	25,393	64,837	\$231,739,774

The data in these tables are estimates based on actual paid data.

¹ Average daily number of clients served.

² Monthly average unduplicated number of clients served. Community Care includes primary home care, family care, congregate and home-delivered meals, day activity and health services, alternative living plans, and case management.

Regulation of Day-care Facilities by Regional Area

Fiscal Year 1991

Regional Area*	1	2	3	4	Total
Provisional applications accepted	276	286	253	272	1,087
Provisional licenses issued	102	113	124	120	459
Provisional licenses denied	2	3	0	3	8
Licenses issued	62	101	91	67	321
Licenses revoked	4	1	1	6	12
Requests to register granted	531	393	755	783	2,462
Requests to register denied	0	0	0	0	0
Registrations revoked	6	4	1	1	12
Injunctions	1	1	2	6	10
Complaint investigations	1,808	1,356	1,939	1,706	6,809
Licenses suspended	5	1	5	3	14
Probations	7	6	6	6	25

*In fiscal year 1991, Child Care Licensing fully implemented a new field organizational structure. DHS regions included in each regional area are:

Regional Area 1 – Regions 1/2, 4, 6

Regional Area 2 – Regions 3/12, 8, 9

Regional Area 3 – Regions 5, 7

Regional Area 4 – Regions 10, 11

Regulation of 24-hour Care Facilities by Region

Fiscal Year 1991

Region	1/2	3/12	4	5	6	7	8	9	10	11	Total
Provisional applications accepted	4	4	1	24	20	8	1	19	0	23	104
Provisional licenses issued	3	8	0	22	21	3	1	6	0	14	78
Provisional licenses denied	0	0	0	0	0	0	0	0	0	0	0
Provisional licenses revoked	0	0	0	0	0	0	0	0	0	0	0
Licenses issued	27	20	11	135	116	19	9	39	3	131	510
Licenses denied	0	0	0	0	0	0	0	0	0	0	0
Licenses revoked	0	0	0	0	0	0	0	0	0	1	1
State-operated facilities certified	0	0	0	0	0	0	0	0	0	0	0
Certifications revoked	0	0	0	0	0	0	0	0	0	0	0
Injunctions	0	0	0	0	0	0	0	0	0	1	1
Complaints investigated	64	31	28	169	157	24	32	59	12	100	676
Licenses suspended	0	0	0	0	0	0	0	0	0	0	0
Probations	0	0	0	3	1	0	0	0	0	1	5

***Licensed, Certified, and Registered
Child-care Facilities
by Number, Capacity, and Percent Change
Fiscal Year 1991***

Type of Facility	Number of Facilities/Capacity		% Change in Number/Capacity
	Sept. 1, 1990	Aug. 31, 1991	
Day Care			
Day-care centers	5,707/458,986	6,010/491,022	5.25/6.97
Kindergarten/nursery schools	523/32,649	477/29,871	-8.8/-8.51
Schools/kindergarten and above	109/7,288	102/6,944	-6.42/-4.72
Group day-care homes	785/9,043	924/11,328	17.71/25.27
Total Licensed/Certified Facilities	7,124/507,966	7,513/539,165	5.46/6.14
Total Registered Family Homes	14,934/107,610	14,143/84,858	-5.3/-21.14
Total Day-care Facilities	22,058/615,576	21,656/624,023	-1.83/1.37
Residential Child Care			
Institutions providing basic child care	81/4,819	80/4,901	-1.23/1.7
Institutions serving mentally retarded children	10/299	9/358	-10/19.73
Emergency shelters	61/1,293	64/1,434	4.92/10.9
Halfway houses	2/30	3/30	50/0
Residential treatment centers	72/3,419	84/3,624	16.67/6
Therapeutic camps	9/295	10/327	11.11/10.85
Foster group homes	28/271	33/325	17.86/19.93
Foster family homes	51/162	62/180	21.57/11.11
Child-placing agencies (24-hour care and adoption)	158/NA	171/NA	8.23/NA
Agency foster group homes	26/249	30/285	15.38/14.46
Agency homes	4,622/12,065	5,000/12,450	8.17/3.19
Total 24-hour Care Facilities	5,120/22,902	5,546/23,914	8.32/4.41
Grand Total	27,178/638,478	27,202/647,937	0.01/1.48

Licensing Staff by Function

Fiscal Year 1991

Positions	Sept. 1, 1990	Aug. 31, 1991
Regional day care	265	248
Residential child care	39	41
State agency certification specialists	3	3
Other state office	22	26
Total	329	318

Social Work Certification Activities

Fiscal Year 1991

	Sept. 1, 1990	Aug. 31, 1991
New Certifications Granted	1,194	1,591
Social Work Associate	145	207
Social Worker	278	392
Certified Social Worker	458	590
Advanced Clinical Practitioner*	313	402
Recertifications Granted	8,486	8,973
Social Work Associate	1,027	1,167
Social Worker	1,977	2,212
Certified Social Worker	3,259	3,330
Advanced Clinical Practitioner*	2,223	2,264
Complaints Investigated	21	31
Applicants for certification denied	15	31
Certifications revoked	3	2
Certifications probated	0	0
Certifications suspended	1	1
Social Workers Currently Certified	9,534	10,564

*Certification of Recognition—Only Certified Social Workers are eligible to apply.

Administrators Licensing Activities

Fiscal Year 1991

	Sept. 1, 1990	Aug. 31, 1991
New licenses granted	120	116
Biennial licenses renewed	298	263
Currently licensed	297	439
Total Licensed	715	818
Applications denied	7	4
Licenses revoked	0	0
Licenses probated	0	1
Licenses suspended	0	0
Complaints Investigated	2	3

About the Vignettes

*t*he vignettes in this annual report are based on actual case histories. They give the reader a glimpse of how DHS programs affect real clients' lives.

In most cases, pseudonyms and models were used to protect clients' confidentiality. However, Gene Chase, the client featured on Page 93, gave the agency permission to use his real name and photograph.

